June 21, 2010

Ms. Catherine M. Cobb
Division of Licensing and Regulatory Services
Maine Department of Health and Human Services
Attention: Open Application for Dispensary Services
41 Anthony Ave.
State House Station #11
Augusta, ME 04333-0011

Re: Northeast Patients' Group Response to Request For Applications for Dispensaries for Distributing Medical Marijuana – District Five

Dear Ms. Cobb:

Enclosed please find the Northeast Patients Group ("NPG") Response to the Maine Department of Health and Human Services ("DHHS") Request for Applications for Dispensaries for Distributing Medical Marijuana for District Five. NPG is a Maine non-profit entity created to provide a safe system for legal medical marijuana patients to access and administer their medicine, receive other health services, and enjoy the benefits of a variety of community events. Founded by a group of patients and advocates after the passage of Maine's Medical Use of Marijuana Act (2009), NPG combines a decade of successful experience in dispensary operations with a deep understanding of Maine's law and the specific needs of the state's patients and other stakeholders.

NPG's completed application includes a narrative section that fulfills several purposes. It will introduce NPG, will provide context to assist in the DHHS decision-making, and will include responses to a number of the "measures" listed in the DHHS rules. Following the completed application and requisite schedules, please find a number of supplementary materials, including references, recommendations, and letters of interest from landlords regarding dispensary and cultivation properties. Please note also that as Executive Director and CEO I have signed the portion of the Application form certifying NPG's compliance with the Act and its regulations and related provisions relating to DHHS inspections, reporting of sales tax, etc. Additionally, NPG includes a cross-reference table to assist DHHS in locating responses to the "measures" required by the rules.

During the legislative process, the Health and Human Services Committee decided on a cap of eight dispensary licenses for the first year of the program. These first eight operations will be

Northeast Patients Group

heavily scrutinized, and it is imperative for the success of this program that each of the first eight operators is an outstanding example of the best in patient care and community support. NPG's experience indicates that the impact of a single bad operation on seriously ill patients could be literally devastating.

Maine has the opportunity to be the shining light for the entire country under the leadership and guidance of DHHS. NPG wants to work closely with DHHS and become not only a leader and a model for Maine, but for the country and the world.

Sincerely,

Rebecca DeKeuster
Executive Director and CEO

Northeast Patients Group
DHHS Request for Applications - Medical Marijuana Program Application

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DHHS Request for Applications - Medical Marijuana Program Application Form

Attn: Medical Marijuana Program
DHHS Division of Licensing and
Regulatory Services
11 State House Station
Augusta, ME 04333

Medical Marijuana Program
Application/Renewal Form

This application is for: **Registered Dispensary**
District Five

Section 1 IDENTIFICATION INFORMATION

Legal Name of Dispensary **Northeast Patients Group**

Charter Number
Federal EIN 27-2862543

Date of Incorporation **June 16, 2010**

Business Location
(street)
13 Water Street, Waterville
10 Middle Road, Augusta

(city, state, zip code)
Waterville ME 04901 / Augusta ME 04330

Telephone: (207) - 358-8833

Mailing Address
45 Memorial Circle, 4th fl.

(city, state, zip code)
Augusta, ME 04330

Section 2 ORGANIZATIONAL INFORMATION

Name of Chief Executive Officer
Rebecca DeKeuster, M.Ed.

Telephone number if different than above
(207) [redacted]

Mailing Address, if different than above
[redacted]

Schedule A, Board of Directors and Officers	*See attached Schedule below*
Schedule B, Employees	*See attached Schedule below*
Schedule C, Bylaws of the Non-Profit Corporation	*See attached Schedule below*
Schedule D, Location of Grow Site, if different than Location of Dispensary	*See attached Schedule below*
Schedule E, Policies and Procedures	
Schedule E-1: Personnel	*See attached Schedules below*
Schedule E-2: Growing and Cultivation	
Schedule E-3: Inventory Control	
Schedule E-4: Food Preparation	

Schedule E-5: Quality Control

Schedule E-6: Copies of Educational Materials

Schedule E-7: Critical Incident Reporting

Section 3 DISPENSARY INFORMATION

Distance to the property line of preexisting public or private school: (must be more than 500 feet):

13 Water Street, Waterville: 1000' plus (Albert S Hall School) *or*
10 Middle Road, Augusta: 1000' plus (United Pentecostal School)

See also attached below

Description of food products to be sold or furnished, if any:

See attached below

Description of grounds and exterior lighting:

See attached below

Description of intrusion monitoring system:

See attached below

Description of interior monitoring and safety features:

See attached below

Location of growing site:

601 Coldbrook Rd., Hermon ME 04401

Provide the names of patients you have identified at this time who plan to designate you as their dispensary: (use additional pages, if necessary)

See attached below

Declaration: I understand and acknowledge my duties and responsibilities as chief executive officer to patients and primary caregivers in accordance with the provisions of the Maine Medical Use of Marijuana Act. I understand that my board members, officers and employees may not have disqualifying drug offenses. I will notify the Department of Health and Human Services promptly and return the registration cards when there has been a change in status of a registry card holder. I declare under penalty of perjury that the information

provided on this form is true and correct. I certify that I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes. I agree to allow my facility to be inspected by representatives of the Maine Department of Health and Human Services. I agree to provide soil and product samples to representatives of the Maine Department of Health and Human Services for testing pursuant to the rules governing Maine's Medical Use of Marijuana Program. I further agree I will report sales for sales tax purposes related to the sale of marijuana and related products by the dispensary.

Rebecca M. DeKeuster, M.Ed

Printed name of Chief Executive Officer

Rebecca DeK Date 6.24.10

Signature of Chief Executive Officer

This application shall be accompanied by a non-refundable check made payable to the Treasurer, State of Maine. This application will not be accepted as complete unless all Exhibits are attached. Please mail to:

Attn: Medical Use of Marijuana Program
Department of Health and Human Services
Division of Licensing and Regulatory Services
11 State House Station
Augusta, ME 04333

To check on the status of your application, call (207) 287-9300

Northeast Patients Group – Application Schedules

The following Schedules and related information, policies and background are submitted in the sequence and form that is set forth in the DHHS Request for Applications. Northeast Patients Group ("NPG"), its Board, Staff, Landlords, and any persons or entities contracting with it are fully committed to assuring full and ongoing compliance with all pertinent rules, regulations, policies and standards of DHHS, focusing particular attention on the Rules Governing the Maine Medical Use of Marijuana Program ("Rules").

Application Materials and Fulfillment of all Selection Criteria

NPG's Application and supporting Schedules and Exhibits address many of the Selection Criteria and accompanying Measures. We have attached a comprehensive chart that provides cross-references, showing where in our Application each Criterion/Measure is addressed and fulfilled. Some of these references will be to particular portions of the Application, Schedules and Appendices.

Selection Criteria

Criterion 1: Submission of Required Information Regarding Applicant and Facility (up to 25 points)

Measure 1: Legal name of the corporation, Copy of the articles of incorporation and by-laws of the corporation. [no points assigned]	*See Section 1*
Measure 2: Provide proposed physical address(s) of the dispensary and up to one site where marijuana may be grown [no points assigned]	
✓ For each proposed physical address, provide legally binding evidence of site control sufficient to enable the applicant to use and possess the subject property.	*See Section 3*
✓ If the applicant indicated that a precise address has not been determined, the applicant has at least identified the general location(s) where the facilities will be sited, and when.	*See Section 3*
Measure 3: Provide evidence of compliance with local codes and ordinances for each physical address which will be used for dispensing and growing marijuana under the MMMP, and that neither location is within five hundred (500) feet of a preexisting public or private school boundary. [no points assigned]	*See Section 3*
Measure 4: Describe the enclosed, locked facility that will be used in the growing and cultivation of marijuana, its security measures, as required in the rules, and whether it is visible from the street or other public areas. [up to 5 points]	*See Section 3.5*
Measure 5: Provide the name, address and date of birth of each principal officer and board member of the dispensary, along with a photocopy of their Maine driver's license or other state-issued identification card. [no points assigned]	*See Section 2, Schedule A* *See Appendix 2 – 1A*

Measure 6: Provide a list of all persons or business entities having direct or indirect authority over the management or policies of the dispensary, and a list of all persons or business entities having 5% or more ownership in the dispensary, whether or not the interest is in the land or buildings, including owners of any business entity which owns all or part of the land or building. [no points assigned]	*See Business Plan in Section 1*
Measure 7: Provide the identity of any creditor holding a security interest in the premises, if any. [no points assigned]	*See Business Plan in Section 1*
Measure 8: The application shall include the required signed cover letter, and the completed application form supplied by the department. [no points assigned]	*See signed Cover Letter* *See Application Form*
Measure 9: Describe how the dispensary will operate on a long-term basis as a non-profit organization and a business plan that includes, at a minimum, the following: [up to 20 points]	*See Business Plan in Section 1*
✓ A detailed description about the amount and source of the equity and debt commitment for the proposed dispensary that demonstrates the immediate and long-term financial feasibility of the proposed financing plan, the relative availability of funds for capital and operating needs; and the financial capability to undertake the project.	*See Business Plan in Section 1*
✓ A copy of the proposed policy regarding services to registered patients who cannot afford to purchase marijuana for medical purposes.	*See Section 2 – Schedules C and E*
✓ The application indicates whether or not the applicant will accept unused excess marijuana from registered patients or caregivers, the process for assuring that the marijuana is not adulterated (how it will be tested) and how it will be redistributed (cannot be sold) to those registered patients who cannot afford marijuana for medical purposes.	*See Section 2 – Schedules E-3 and E-5*
✓ Projected income statements for the first three (3) years after implementation (forms to be supplied by the department).	*See Projected income statements in Section 1*

Criterion 2: Overall Health Needs of Registered Patients and Safety of the Public [up to 75 points)

Measure 1: The applicant demonstrates their proposed location will be convenient for registered patients and caregivers. [up to 10 points]	*See Description of Dispensary*
Measure 2: The applicant demonstrates a steady supply of marijuana for medical use will be available to the projected number of registered patients. [up to 10 points]	
✓ There is a start-up timetable which provides an estimated time from registration of the dispensary to full operation, and the assumptions used for the basis of those estimates.	*See Section 2 Schedule E-2*
✓ The applicant shall demonstrate knowledge of organic growing methods to be used in their growing and cultivation of marijuana.	*See Section 2 Schedule E-2 and Appendix E-2-1*
✓ The applicant shall demonstrate that steps will be taken to ensure the quality of the marijuana, including purity and consistency of dose.	*See Section 2 Schedule E-2*
✓ The applicant discloses the various strains of marijuana to be dispensed, and the form(s) in which marijuana will be dispensed.	*See Section 2 Schedule E-2*
Measure 3: The applicant demonstrates experience running a non-profit organization or other business. [up to 10 points]	*See Narrative*
Measure 4: The applicant demonstrates that its plan for record keeping, inventory, quality control and security and other policies and procedures will discourage unlawful activity. [up to 20 points]	*See Section 2 Schedule E-1, E-2, E-3, E-4, E-5, E-7 See Section 3-3, 3-4, 3-5*
Measure 5: The applicant fully describes a staffing plan that will provide accessible business hours, safe growing and cultivation, and maintenance of confidential information regarding grow sites and the identity of patient information. [up to 20 points]	*See Business Plan* *See Section 2 Schedule E-1, E-2, E-7*
Measure 6: The application indicates consent to pay for state and federal background checks for all proposed and future registry card holders. [no points assigned]	*See Business Plan*
Measure 7: The application reflects a strong patient education component. [up to 5 points]	*See Section 2 Schedule E-6*

Section 1 - Identification Information

Legal Name of Dispensary:
Northeast Patients Group

Name of Chief Executive Officer:
Rebecca DeKeuster, M.Ed.

Mailing Address:
45 Memorial Circle, 4th fl.
Augusta, ME 04330

Telephone:
[redacted]

Business Location:
13 Water Street, Waterville

Possible alternate location:
10 Middle Road, Augusta

Our dispensary facility will be open to serve patients from 10 a.m. to 6 p.m. Tuesday through Saturday.

An Introduction to NPG and Its Origins

Northeast Patients Group (NPG) submits this Narrative to accompany its application for approval of one or more sites for dispensaries in one of the eight districts under the Maine Medical Use of Marijuana Program (MMMP) as administered by the Maine Department of Human Services (DHHS) pursuant to its Emergency Rules (Rules). This Narrative supplements, and is part of, the Application and the multiple accompanying Schedules and Appendices being submitted by NPG.

In this Narrative, we provide significant background material and address and fulfill multiple elements of the Rules' Selection Criteria and accompanying Selection Measures.

Overview

Northeast Patients Group (NPG) is a non-profit entity created to provide a safe system for legal medical marijuana patients to access and administer their medicine, receive other health services, and enjoy the benefits of a variety of community events. Founded by a group of patients and advocates after the passage of Maine's Medical Use of Marijuana Act (2009), Northeast Patients Group combines a decade of successful experience in dispensary operations with a deep understanding of Maine's law and the specific needs of the state's patients and other stakeholders. NPG is fully committed to achieving and maintaining compliance with all aspects of the MMMP and its implementing Rules.

The leaders of Northeast Patients Group are nationally respected in their areas of expertise. The founders have advised many local and state government officials across the nation on the development of effective medical marijuana regulations. They have pioneered self-regulation and laboratory testing of medicines and have built strong relationships with the top physicians and scientists who study the medicinal properties of marijuana in the U.S., the Netherlands, Israel and other countries.

Our Roots

Northeast Patients Group (NPG) is a Maine non-profit organization founded by two Directors of the Berkeley Patients Group (BPG), Becky DeKeuster and Tim Schick, in order to bring a proven, patient-centered model of dispensary operations to the State of Maine. While the two entities are legally separate, it is important to understand the BPG model in order to understand the vision that guides NPG's operators here in Maine; NPG plans to incorporate much of the BPG model here.

BPG was founded by a group of medical cannabis patients and advocates in Berkeley, California in 1999. The organizers set out to make BPG a model dispensing collective. They introduced standard quality control and comprehensive staff training to the field of medical cannabis. BPG was one of the first dispensing collectives to legally organize and fully comply with all state and local business and labor laws. BPG is one of only three dispensaries licensed by the City of Berkeley to provide vital services to patients who are recovering from or living with serious illnesses.

In addition to dispensing medical marijuana, BPG offers many free patient services coordinated by licensed practitioners, including massage, acupuncture, and individual counseling. BPG provides free medicine to its low-income members and also offers vitally needed companionship and opportunities for social interaction through activities such as knitting, quilting, art, yoga, literacy tutoring, guest lectures, educational programs and trainings.

A significant feature of BPG's mission is its commitment to its community. In 2009 alone, BPG donated more than $250,000 to local causes including the Berkeley Public Library, the Center for Early Intervention on Deafness, the Women's Daytime Drop-In Center, Options Recovery Services, and many others. BPG works closely with City staff in the Planning, Health, and Police departments, as well as with the City Manager, City Council, and Mayor's office to ensure compliance with state and local medical cannabis laws, tax and employment laws including workers compensation and insurance.

BPG prioritizes patient privacy, manages a clear and straightforward recordkeeping and inventory system, and has a long history of safe storage, handling, and delivery of medicinal products. Their vision of legal integrity and compassionate care has made them one of the longest-running, best-known, and most-respected dispensing collectives in the United States and abroad.

Northeast Patients Group: Who We Are

Northeast Patients Group was founded by two people with long-time connections to BPG and its service-based model, who believe that Maine's patient population would benefit from many aspects of that program. They have been joined by activists and professionals who understand and support this mission. Many of the principles, policies and practices of BPG are being adopted and followed by NPG, and provide a solid and proven track record of achievement and integrity.

Tim Schick is a director of BPG and serves as a consultant to NPG. He grew up in and around Brewer, ME and worked in the mortgage industry in North Carolina before moving to California in 2000. He has a strong background in business, real estate, and government relations, and has run several of his own companies in the southeast and

California. He has been a contributing member of the BPG collective since 2000, using his expertise to assist patients in obtaining the safest possible medicine and founding BPG's "Care Package" program for low-income and homeless patients. As director of BPG, he serves as CFO and Treasurer, and has led the team that is working on BPG's relocation effort in Berkeley.

Becky DeKeuster, Chief Executive Officer of NPG, was General Manager of BPG for several years before being offered a Directorship with oversight of Human Resources and internal operations. She holds a M.Ed and was a high school teacher and administrator for a decade before joining BPG in 2004. In 2008, she served as Campaign Director for Measure JJ, a citizens' initiative to improve medical cannabis regulations in the City of Berkeley, which passed with 63% support. Becky was one of the first members of the Medical Cannabis Commission, which has oversight of dispensary standards and regulations for Berkeley. She has worked closely with city governments, state legislators, and the California Board of Equalization to draft and implement medical cannabis laws, and is a sought-after speaker and consultant on issues relating to best practices in medical cannabis dispensing. She currently lives in Augusta, Maine.

Tim and Becky's efforts here have been guided by attorney **Dan Walker** of Preti-Flaherty, who drafted the initiative and served on the DHHS Task Force to help fine-tune the law. Tim met Dan during a visit home to witness Maine's historic vote to regulate dispensaries, Tim met Dan and offered to share BPG's model and decade of successful experience in dispensary operations. At this point, Tim and Becky began a series of visits to the state to participate in the deliberations of the Task Force and then the Health and Human Services Committee. In March, Becky relocated to Maine permanently to continue the work of implementing the law and to prepare to apply for dispensary licenses in several districts. Dan serves as General Counsel for NPG, and has worked closely with NPG and its Board on this Application. Dan will also assist NPG in assuring compliance with all pertinent regulations and policies of DHHS governing the MMMP.

Dan has also been assisted by his Preti-Flaherty colleague, **John P. Doyle, Jr,** Chair of Preti Flaherty's Health Law Practice group. John has over 30 years of experience in advising non-profit health care providers – hospitals, nursing facilities and many others - throughout the State and regionally. Before returning to Maine in 1979, John served as Chief Counsel and Staff Director of the U.S. Senate Subcommittee on Alcoholism and Drug Abuse.

NPG's Board of Directors consists of Becky and the following individuals:

Faith Benedetti worked on the Maine initiative campaign and was appointed to the Governor's Task Force to help implement the new law. She founded the Next Step Needle Exchange program in Augusta and is active in the HIV/AIDS, LGBTQ, and local arts communities. Faith is an ordained minister with two decades of experience in the healing power of cannabis medicines, who has worked for many years as a caregiver to help seriously ill patients access safe medicine.

Paul Sevigny is a registered pharmacist who served as COO of Affiliated Pharmacy Services, Inc., part of the Eastern Maine Healthcare System, in Bangor until his retirement in 2010. He was instrumental in developing effective IT-based solutions for pharmacies to reduce patient wait time and prescription errors while increasing the amount of interaction between pharmacist and patient. Paul is an expert in using technology to create, sustain and improve patient care, medical inventory tracking, and data privacy.

Mark Dion, Esq. is the outgoing Sheriff of Cumberland County. He was first elected in November 1998. He had previously served as Deputy Chief of the Portland Police. During the course of his twenty one years as a police officer for the city of Portland, Sheriff Dion worked in a variety of patrol, administrative and investigative capacities. Sheriff

Dion received his Bachelor of Arts degree in Criminal Justice from the University of Southern Maine. He was awarded his Master's degree in Human Services Administration from Antioch College. Sheriff Dion earned his Juris Doctor from the University of Maine's School of Law and is admitted to practice law in the State of Maine. A past president of the Maine Sheriff's Association, he is strongly committed to ensuring a balance between the legal rights of Maine's medical marijuana patients and those of the communities where dispensaries are located.

All aspects of NPG's cultivation program will be supervised by employee **Matt Hawes**, a native of Holden and a graduate of Brewer High School. His family has a long history of retail entrepreneurship, and currently operates several businesses in the Bangor area and other parts of Maine. Matt has spent over a decade refining his understanding of medical marijuana cultivation management and genetics. He has advised advocates and government officials in several states on all aspects of the medical cannabis industry from horticulture to dispensary operations to legal and regulatory processes.

Other staff and our overall staffing pattern are set forth in our Application and its accompanying Schedules.

Financial Schedule

District 5		Start Up Year 7/1/10 to 6/30/11	First Full Year 7/1/11 to 6/30/12	Second Full Year 7/1/12 to 6/30/13
Revenues				
Marijuana Sales to registered patients and registered caregivers	*	95,811	658,700	1,437,163
Paraphernalia sales		2,106	14,477	31,586
Other Sales		4,211	28,954	63,172
Other Income		-	-	-
Total Revenue		102,128	702,130	1,531,921
Expenses				
Payroll, taxes and fringe benefits		60,958	134,500	217,063
Cultivation		39,059	183,652	359,772
Supplies		1,750	3,275	3,450
Office Expenses		4,229	7,250	8,750
Utilities		15,283	26,200	28,100
Insurance		2,917	5,000	5,000
Interest		21,375	44,175	20,520
Depreciation/ Amortization		2,574	4,430	5,013
Leasehold Expenses		23,000	8,433	11,500
Rent		22,458	38,500	42,350
Bad Debt		-	-	
Central Expenses & Management	**	102,790	95,581	127,828
Outreach program	**	11,017	18,100	21,440
Member Services	**	21,743	39,751	42,476
Community Support & Donations	**	-	-	271,500
Security	**	35,000	60,000	66,000
Licensing	**	15,477	15,750	15,750
Total Expenses		379,631	684,596	1,246,512
Net:		(277,503)	17,534	285,409
Personnel Categories (# of FTE's)				
Administration	+	0.4	0.6	1.0
Sales		2.5	4.0	5.0
Cultivation	+	0.4	1.1	1.9
Number of Patients:		43	155	258
Estimated Price / Ounce		$ 340.00	$ 340.00	$ 340.00

including discounted sales *
unique to NPG business model **
allocated shared services (total / # of disp.) +

Note: Labor expenses for Cultivation are included in the Cultivation category.

Business Plan of Northeast Patients Group

NPG offers the following in fulfillment of several of the pertinent Selection Criteria and related provisions of the Rules. We are pleased to provide this Business Plan detailing how the proposed dispensary will operate on a long term basis as a non-profit organization.

NPG has created an extensive model of the business driven by specific patient-oriented strategy and dispensary operation plans. Revenue and expenses are interconnected. The model includes industry specific, patient therapy knowledge and care giving expertise, revenue projections and detailed expense projections.

Attached are Projected Income Statements for First Three Years forms provided by DHHS, on which NPG provides the following comments and explanations.

NPG is expecting to finance up to $300,000 over 16 to 18 months with a combination of loans and lines of credit. NPG is working with several lending institutions and lenders that are showing great interest in participating in this opportunity. We estimate that initial operations will require funding of at $200,000. The remaining estimated $100,000 will be available to cover any and all working capital requirements as well as any contingencies.

NPG is working actively with Maine-based financing sources as well as reputable national lenders to secure financing for its Maine dispensary project.

The debt and its repayment terms will be structured so as to optimize the financial viability of the dispensary. Among the flexible terms incorporated into these loan facilities may be the following options:

- No prepayment penalties;
- Flexible repayment options, such as no-payment periods and interest-only payment periods;
- Loans that allow a gradual draw-down of the principal, as needed to support dispensary operations; and
- Repayment schedules that are only triggered once a dispensary achieves certain financial benchmarks.

NPG has already obtained financing from lenders for a 6-year term, no payments for the first 2 years, interest-only payments for the third year, and a 3-year amortization thereafter, as shown in the Letter of Intent in **Appendix 1.1.** To incorporate the necessary flexibility to account for the dispensary's operations, this loan may be partially or wholly prepaid with no penalties.

The income statement shows an excellent progression from a loss situation in Y1 to solid profits within three years. As stated in this document, NPG's Board confirms its commitment to supporting related charitable purposes and community organizations with its surplus funds to the extent practicable under future circumstances. The Budget schedule includes a line for Community Donations that is intended to capture the funds that will be devoted to these purposes. We estimate that in Year Three and following, at least two-thirds of net revenue will be applied to these Community Donations, consistent with the Policy described below regarding Charitable Giving.

At this point, based on estimated sales figures and forecasted expenses, in year three of operations NPG is hoping to be able to distribute $270,000 to various organizations and communities.

If provided the opportunity, NPG is prepared to open more than one dispensary. Starting in July and August 2010, it will set up its management operation as well as its cultivation facility. It will then start operations in District 5 in December 2010 with a target date to open the dispensary in February 2011.

Approximately 94% of NPG's revenues will be derived from the sale of medical marijuana to registered patients and registered caregivers. The remaining revenue will come from the sale of edibles and other items and paraphernalia sold through a bookstore on-site.

NPG is planning to offer medical marijuana at an average price of $340 per ounce (or $42.40 per eighth). The rules allow each patient to acquire 2.5 oz. every other week. It is NPG's assumption that the sales will be around 1.5 oz per patient per month, less than half of what the DHHS rules will allow. Please note that NPG intends to keep the $340 average price stable in order to offer medicine at an affordable price but also to keep its rate in line with the "black" market, estimated at $360 per ounce or over. We understand that DHHS requires such pricing, in order to avoid providing an incentive to buy medical marijuana for the purpose of selling it on the "black" market.

NPG sales level also includes a discount line, representing 9% of Sales to take into account special prices and discounts offered to Veterans, low income patients, and other qualified patients.

Our analysis of Maine's population indicates that the State should expect to have over 1,000 registered patients within 12 months of opening dispensaries in the State of Maine and over 5,000 registered patients within 5 years, reaching a goal of 5 registered patients per thousand of the population, below what similar operations in other states have experienced in the past few years. NPG's financial model is based on this assumption and it can be expected to see over 175 registered patients within the first 12 months of operation in District 65.

These assumptions lead to a Sales level growing from $102K in Y1 to $1,531K in Y3 for District 5.

All the sales will be transacted during regular hours at the dispensary. Patients will be able to pay either by cash, check or major credit cards. No credit or billing to account are expected at this time. All sales will be paid at time of purchase and will be final.

As mentioned, NPG is applying for more than one dispensary, each of which would begin operations in the Fall/Winter 2011. The organization has structured its expenses keeping a shared-services model in mind, particularly for Cultivation and Central Management.

Because DHHS will be reviewing applications for each district separately, NPG is presenting all supporting information in each of its separate applications, and is presenting financial information for each district on a stand-alone basis, with the staffing patterns and resources needed for each dispensary set forth under the assumption that each application might be the only one approved. Should DHHS approve NPG to carry out a dispensary in more than one site, certain of the staff required and related expenses – could be allocated across each of the approved districts, providing economies of scale. For example, certain expenses of the proposed Cultivation Site could be allocated on a proportionate basis.

Total expenses climb proportionally to the number of patients treated. The major expenses are labor expenses, dispensary space lease expenses, and utilities. Other expenses are member services (offering onsite free services to qualified patients) and security, covering the cost of the security of the patients and the medicine. The general management of the dispensary includes administrative services such as accounting and other professional services as well as overall management expenses of the local organization. NPG is already working actively with local vendors and service providers to be able to start right away.

The business plan also includes a budget for outreach—funds allocated to help the program connect with its existing patients and new patients.

To limit its start-up costs and reduce its start-up time, NPG does not intend to invest in real-estate assets, limiting its depreciation level. Instead, NPG decided to rely on local real-estate owners and their expertise.

NPG will hire employees as soon as DHHS awards the license in this district. Each dispensary will have several functions including a manager, a receptionist, a security agent as well store staff. At the beginning of the operation, some of these functions will be accomplished by the same individuals with a minimum of 3 full time equivalent employees at the end of Y1 and 5 employees by Y3 (8 in District 2).
All salaries will be above the 'affordable living wage' level with an average of $36,974 in Y1 and increasing every year. Full benefits including health insurance and retirement account match will be offered to each full time employees.

Cultivation represents the largest expense for this venture, representing up to 29% of the total projected sales. NPG intends to cultivate in one central location, allowing better product tracking and quality as well as expense reduction that will benefit the patients.

NPG will invest in its dispensary operation during the 'start-up' period before opening its location. NPG is expecting to spend $160,000 in 'start-up' costs in District 5.Additional funds will be necessary until the dispensary is fully operational. Such funds will be available as described on page 1 of this Business Plan.

The number of patients will increase gradually and NPG is expecting its dispensary to be able to sustain itself from sales within 16-18 months. After the first 18 months, the sales will generate enough cash flow that it will allow repayment of start-up debt and continued investment in operations that will allow NPG to grow over the years, helping more patients and the surrounding communities.

In the projected income statements for the First Three Years, NPG has included a projected amount of Community Donations, which we have set at two-thirds of net revenue, with the remaining amount to be retained for potential future needs of NPG. This practice will continue in future years.

Immediate and Long Term Financial Feasibility

NPG has sufficient funding for at least the first 18 months. Following this period, the budget numbers provide a picture of long term financial feasibility based on projected income from operations with appropriate, conservative assumptions.

Responses to Other Selection Criteria Measures

We address here some of the Selection Criteria Measures that are relevant to this Application process and may not have been specifically addressed previously. Many of the Measures are addressed elsewhere in the Application and Schedules, and we have provided a table with appropriate cross-references. Some that are not specifically addressed below are as follows, with NPG's Responses following.

> ***Criterion One - Measure 6: The applicant shall provide a list of all persons or business entities having direct or indirect authority over the management or policies of the dispensary, and a list of all persons or business entities having 5% or more ownership in the dispensary, whether or not the interest is in the land or buildings, including owners of any business entity which owns all or part of the land or building. [no points assigned]***
>
> NPG is managed by its Board of Directors and Officers, consistent with the Maine Nonprofit Corporation Act (Title 13-B, M.R.S.A.) and applicable provisions of NPG's Bylaws and Policies. No businesses or persons other than its Board and officers have direct or indirect authority other the management or polices of any NPG dispensary. Additionally, no persons or business entities have an ownership interest in NPG or its proposed dispensary.

The dispensary premises will be leased from a Landlord as set forth elsewhere in the Application materials. The landlord will have no direct or indirect authority over the management or policies of any dispensary and will derive no economic benefit from the operation of the dispensary and the marijuana growing operation other than an indirect benefit it may receive in the form of monthly rental payments (as it would from any other business it were to rent to).

Criterion One -Measure 7: The applicant shall provide the identity of any creditor holding a security interest in the premises, if any. [no points assigned]

The start-up of each dispensary will be financed by loans as set forth in the Business Plan discussion above. It is anticipated that the notes and related financial documents will require NPG to pledge as security the business assets of the dispensary, including accounts receivable.

Criterion Two- Measure 6: The application indicates consent to pay for state and federal background checks for all proposed and future registry card holders. [no points assigned]

NPG consents and agrees consent to pay for state and federal background checks for all proposed and future registry card holders.

Conclusion

In its Application, this Narrative and all supporting Schedules, Appendices and other materials, NPG has strived to fulfill each of the Selection Criteria and related Measures for its proposed dispensary. The track record of its principals, their background and experience, and the strong proposed policies all demonstrate a serious commitment to the goals and purposes of the MMMP, and the ability to carry these out. NPG respectfully urges that its dispensary application be approved and that it be permitted to work with DHHS to implement the proposed dispensary in the near term.

FELDMAN INSURANCE SERVICES

Business Insurance Essentials

Liability Health Retirement

Michael Feldman | 925-901-0480 | www.Feldman-Ins.com

Michael Feldman
Feldman Insurance Services
3170 Crow Canyon Pl. #120
San Ramon, CA 94583

925.901-0480 office
925 901-0486 fax
510.508.5108 cell
mfeldman@feldman-ins.com
CA Lic #: 0E19326

June 21, 2010

To: **Maine Department of Health and Human Services,**
Division of Licensing and Regulatory Services
41 Anthony Ave.
State House Station #11
Augusta ME 04333-0011

From: Michael Feldman

RE: **Northeast Patients Group**

I have been asked to provide the essential insurance needs of the Northeast Patients' Group (NPG) necessary to ensure compliance with Maine law and to provide protections for NPG's patients. As the insurance agent for Berkeley Patients Group (BPG) located in Berkeley, CA, I have the privilege to provide BPG with their essential business insurance needs to include General Liability, Property, Workers' Compensation, and Director & Officers insurance for the past two years.

The criteria for my relationship with BPG was based on a mutual philosophy to help those in need who could benefit from alternative sources of medicine, a socially responsible civic duty to give back to the community, a sound financial business operating model, and an enlightened corporate culture founded on fairness and safety for all their employees and clients. BPG has demonstrated adherence to all of these principles and the NPG Board intends to carry these principles forward in their work in Maine.

While there are many cannabis dispensaries located in and around the Bay area, none has been more representative and in keeping with the legislative guidelines as set forth in California and in the City of Berkeley to provide medicinal marijuana than BPG. BPG has been a model of community trust and pride which has been validated by their being honored by the City of Berkeley for their 10 years of service and giving back to the Berkeley community. From an insurance perspective their staff is well trained, ensuring employee safety compliance standards and adherence to risk management. Their Directors have shown diligence in pursuing corporate responsibility. In all areas their values and dedication have resulted in zero insurance claims under my watch.

BPG's business model is exemplary. It combines business experience and civic acumen to execute a successful business plan without compromising their need to serve their patients. Their business model, on which the NPG business plan is based, is an asset to NPG and can be counted on to be socially and fiscally responsible. Given BPG's track record, it is my opinion that their business operation could be considered a template for any dispensary looking to serve the citizens of Maine.

Michael Feldman

Section 2 - Organizational Information

Schedule A - Board of Directors and Officers

Appended are CVs/Resumes for each of the officers and directors listed below, demonstrating their substantial experience and commitment to the goals and objectives of Northeast Patients Group and the Maine Medical Use of Marijuana Program ("MMMP"). Copies of driver's licenses can be found with CVs.

Officers and Board of Directors:

Name	and Home Address	Title	Driver License #	Date of Birth
Rebecca DeKeuster, M.Ed.	[redacted]	President, CEO and Director	[redacted]	[redacted]
Faith Benedetti	[redacted]	Secretary and Director	[redacted]	[redacted]
Paul Sevigny	[redacted]	Treasurer and Director	[redacted]	[redacted]
Sheriff Mark Dion	[redacted]	Director	[redacted]	[redacted]

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Becky DeKeuster

[redacted] ◆ (207[redacted] ◆ [redacted]

Profile

Motivated, multi-talented worker with strong leadership abilities. Experience managing staff of up to 70 individuals. Excellent presentation skills honed over a decade in the classroom and years of political activism and consulting work. Clear, engaging, writer able to bring life to the page in any genre. Outstanding organizational and administrative capabilities. Comfortable working and maintaining sense of humor under pressure.

Skills Summary

- Organizational Development
- Writing (Business and Creative)
- Trainings/Education
- Project & Campaign Management
- Human Resources Regulations
- Personnel Management
- Public Speaking
- Corporate Management & Strategy

Professional Experience

GENERAL MANAGER/DIRECTOR, MEDICAL CANNABIS DISPENSARY (2004 – 2010)

- *Oversee all facets of a successful not-for-profit dispensary including organizational and policy development, financial oversight, strategic planning and charitable giving*
- *Organize, fundraise and present conferences and seminars on medical cannabis related issues*
- *Managed Human Resources department during period of rapid internal growth*
- *Acted as liaison with business and residential neighbors and city officials on medical cannabis related issues*
- *Wrote and published articles on medical cannabis related issues for a variety of audiences*
- *Initiated and expanded free medicine program for patients in financial need*
- *Planned & delivered staff trainings*
- *Campaign co-director, Berkeley Measure JJ 2008 (passed with over 60% of vote)*
- *Commissioner, Berkeley Medical Cannabis Commission, 2008-2009*

HIGH SCHOOL EDUCATOR/ADMINISTRATOR (1992 – 2004)

- *English, Journalism/Yearbook, Creative Writing, Film Studies*
- *All grades 9-12, all levels from Basic to Advanced Placement*
- *Chaired English Department, led team through successful WASC accreditation process*
- *Junior Class Coordinator for fundraising, Spirit Week, etc.*
- *Led student trips to build homes in Mexico with Amor Ministries*
- *Recipient of Dorothy Wright Award for excellence in teaching from San Jose State University*

Education

MASTER OF EDUCATION, NOTRE DAME DE NAMUR UNIVERSITY, BELMONT, CA - 2002
Secondary Education, emphasis Curriculum Design and Instruction
Magna Cum Laude

BACHELOR OF ARTS, SAINT LOUIS UNIVERSITY, ST. LOUIS, MO – 1992
English, Secondary Education
Magna Cum Laude

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Faith A. Benedetti, MA, RMT

[redacted]
Phone: 2[redacted]

Objective

To create a position within a dynamic, emerging field, as part of an innovative, progressive team working in a positive, growth-oriented environment, which provides an opportunity to utilize more than twenty years of wide-ranging work skills and life experiences -- in education, social justice, human services, grassroots activism and the healing arts – in service to the community.

Experience

Independent Consultant, KindCare Resources 2007-present

Providing education, advocacy, consulting and referrals related to Medicinal Cannabis use for qualifying patients in the State of Maine, and in the larger community.

Served as Patient Representative on Governor Baldacci's Medical Marijuana Task Force to implement Maine's Medical Marijuana Act.

Adjunct Faculty in Writing, Thomas College 2008-2009

Taught courses in English Composition I & II

Program Coordinator, Dayspring AIDS Support Services 2006-2007

- Managed day-to-day operations of central Maine's HIV/AIDS Service Organization, providing case management and prevention services in a seven-county area, with an annual budget of $450,000.
- Provided administrative supervision to staff of five.
- Managed multiple contracts from Federal, State and private funding sources.
- Sourced and wrote grants to ensure continued program funding.
- Appointed to Maine HIV Advisory Committee, which directed State Legislature on matters related to HIV policy.

HIV Prevention Educator, Dayspring AIDS Support Services 2000-2006

- Developed and delivered comprehensive HIV Prevention education programs to individuals, groups, and the community.
- Developed curricula, educational materials and programs for select at-risk populations: HIV/AIDS patients, incarcerated and other institutionalized, women-at-risk, and injection drug users.
- Developed and founded the Next Step Needle Exchange Program, central Maine's only syringe exchange program.
- Provided HIV and Hepatitis C counseling, testing and referral services.
- Maintained all required documentation and contracts from Federal, State and private funding sources.
- Trainer, High Risk Adolescent Populations (HRAP) program, Maine Department of Education; Healthy Relationships Program, Maine Centers for Disease Control; Harm Reduction in HIV Prevention (statewide).
- 2004 Nominee, Price Fellowship for HIV Prevention Leadership, CDC Foundation

- Co-Chair, Maine HIV Prevention Community Planning Group
- Program Coordinator, Central Maine Outright, a weekly support and social group for GLBTQ youth.

Adjunct Faculty in Writing, Northern Essex Community College & Bradford College **1993-2000**

- Taught courses in Development Writing and College Composition
- Professional tutor in Academic Writing Center
- Academic mentor for at-risk students
- Lead teacher in after-school and summer programs for at-risk youth.

Education

- **Certificate in Holistic Healing Practice, University of Southern Maine - *Expected completion: Fall 2010***
- **Certificate of Ordination, Universal Life Church - 1998**
- **Reiki Master Teacher Certification, Heart Light Healing - 1998**
- **Reiki Practitioner Levels I & II, Lightworks - 1995-1997**
- **Master of Arts in English, University of Maine/Orono - 1992**
- **Bachelor of Arts in Humanities, Bradford College - 1988**

Skills

Optimist. Published author & poet. Learner. Successful grant writer. Skilled group facilitator. Dreamer. Community organizer. Ordained Minister. Mentor. Visual artist. Empath. Gardener. Healer.

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Paul W. Sevigny, R.Ph.

VP/COO, Affiliated Pharmacy Services: COO and Pharmacist-in-Charge with APS for 20 years until his retirement in 2010; beginning with one pharmacy in 1990, currently operating three area pharmacies. The primary focus of the 3 pharmacies is specialized hospital discharge and outpatient care as well as providing prescription services for nearly 10,000 employees and dependents of the Eastern Maine HealthCare System. The most recent pharmacy was created to serve the specialized needs of patients from the Eastern Maine Medical Center's Lafayette Cancer Center.

Among the more recent programs instituted and managed: 340-b pricing program for EMMC, coordination of an electronic Flexible Benefits Plan, national Medicare accreditation, the EMMC patient discharge delivery program, several indigent patient medication programs, integration of an electronically mediated prescription prescribing process and negotiation of a very favorable contract with the primary vendor.

As a chief operating officer in a large healthcare organization, with multiple layers of governing rules, laws, policies and procedures, and the demand for Federal, State and corporate compliance, it was essential to maintain daily oversight in every area of operations. Operational performance and financial projections were reviewed weekly with functional changes accomplished before the next monthly financial review.

Essential skills include: Excellent communication with all levels of professional and ancillary staff, very good knowledge of bookkeeping and accounting, exceptional knowledge of State and Federal Regulations, excellent personnel management skills and a calm positive approach to all situations.

Previous pharmacy work experience includes:

Miller Drug (1984-1990), staff pharmacist;

Allen Drug (1978-1984), Pharmacist-in-Charge;

Wilson Drug (1975-1978), Pharmacist-in-Charge;

NorthGate Pharmacy (1972-1975), staff pharmacist.

Paul is a New Hampshire native, having lived in Holden, Maine for the past 26 years. Received a Bachelor's degree in organic medicinal chemistry from the University of New Hampshire in 1969; met wife Lauralee (raised in Brewer, Maine) while at UNH. He graduated from the University of Connecticut School of Pharmacy in 1972. They have three adult daughters and three granddaughters.

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Mark N. Dion, Esq.
[redacted]
Home: 2[redacted]
Office[redacted], Ext[redacted]

Sheriff of Cumberland County, Maine 01/99 to Present

- Elected chief executive of an organization comprised of 242 sworn and civilian personnel serving a county with 280 thousand residents.
- The Cumberland County jail houses 614 inmates serving 28 communities. Patrol Division Deputies provide primary police services from 4 substations to 14 municipalities representing approximately 70,000 residents spread over 500 square miles.
- I am responsible for the fiscal administration of a 19.4 million dollar budget. Executive responsibility also includes the management and coordination of labor contract negotiations, grievance resolution and human resource policy review involving two unions and other non-affiliated employees.

Policy/ Program Initiatives:

American Correctional Association Jail Accreditation—led institution to achieve accredited status as an adult detention facility. Cumberland County jail was the first correctional facility in Maine to do so. Re-accreditation awarded this past year, cited for having higher performance ratings than was documented in the initial assessment.
National Commission Correctional Health Care Accreditation— led jail medical unit to achieve both initial accreditation and re-accreditation. Sick call management system nominated by NCCHC inspection team for national recognition.
Domestic Violence— initiated the assignment of a Sheriff's detective to the District Attorney's Office to provide cross-jurisdictional investigative support to their Domestic Violence special prosecution unit.
Use of Force Management System— initiated a risk assessment and review tracking process to evaluate the application of force/ control techniques by deputies in the field and within the jail. System identifies and tabulates the variables surrounding force encounters between staff and citizens. This allows management to profile the circumstances and individual characteristics of the parties involved.
Master Corrections Officer Program—implemented first of its kind career development program for jail officers. The initiative allows self directed, self selected officers to complete rigorous training and performance objectives beyond those mandated by generally accepted performance standards. These Master Officers are subsequently recognized by the organization as lead officers and are financially compensated for their accomplishment. Only fifteen officers have achieved the rating.
Habitual Offender Strike Force Team — developed an aggressive, special enforcement strategy to attack and remove motor vehicle operators, with extensive license suspension histories, from the highways of Cumberland County. The initiative was lauded by the Chief of the State Police and the members of the state legislative committee on Criminal Justice as an exemplar in pro-active policing. The program was profiled by Dateline NBC.
Marine Patrol— initiated the state's first, contract based, marine conservation law enforcement program at the county government level.
Project DOT — a three year mental health initiative, funded by the federal Department of Health and Human Services, to coordinate the response of hospitals, social services personnel, patrol officers and corrections staff in the proper management and disposition of mentally ill, non-compliant consumers, whose case histories reflected cycles of chronic arrest and detention.
Project also involved the planning, creation and political lobbying necessary for the implementation of transitional housing for identified individuals.
Homeland Security— Facilitated a regional agreement among thirteen police and fire departments to create a common data communication network that would facilitate street level transfer of information. Architecture would serve the needs of 123,000 citizens and their public safety agencies

Deputy Chief of Police, Portland Maine

Career Service 1977-1998

- Executive officer responsible for the management of 156 sworn officers and 48 civilian staff
- Fiscal planning and oversight of an 8.2 million dollar budget
- Primary liaison to community groups, governmental entities and other law enforcement agencies

Career Profile:

- Served as a foot and motor patrol officer
- Promoted to Detective, assigned to Crimes against Persons Unit
- Promoted to Sergeant returned to Patrol
- Assigned as a Detective Sergeant to supervise Juvenile Unit
- Promoted to Lieutenant, assigned to command the following:
  - *Special Services (Traffic / Islands / Mounted)*
  - *Community Policing (neighborhood policing centèrs / refugee issues)*
  - *Tactical Enforcement (vice / hate crimes / liquor / fugitives)*
- Promoted to Deputy Chief, assigned to Bureau of Investigations (scored first in both Captain and Deputy examination process)
- Assigned as Deputy Chief of Uniformed Services Operations

Program Development / Initiatives:

Civil Rights Unit— established the state's first police resource for confronting the violence of bigotry involving a two pronged strategy of aggressive investigation coupled with very public community education.

Refugee Education Services— Portland is home to 40 languages, Islam is the fastest growing religious identity and schoolyards are punctuated with races and creeds from the world over which led to the implementation of a cultural orientation program for newly arrived individuals and families on the intricacies of American life. A mirror program was developed for police and government employees.

Community Policing Centers— launched a neighborhood based policing program which was lauded by Attorney General Janet Reno as a national exemplar for its integration of public safety and public health agendas in a unified stratagem for neighborhood empowerment and family stabilization.

Serious Habitual Offender Criminal Apprehension Project— initiation of an enforcement program that acknowledged that there now exists two distinct juvenile offender populations: marginal offenders and an emerging predator class; this population requires diligent, integrated case management across disciplines for effective control.

Diversity Leadership Institute— designed and implemented a youth outreach program as a vehicle for resolving community conflicts around race and culture. DLI was recognized by the National League of Cities for exemplary innovation in criminal justice programming.

Regional Waste Systems Investigation— commanded an unprecedented, two year. interagency probe into the solid waste industry and the manipulation of state flow control regulations. Thirty one communities had been victimized by illicit trade practices resulting in loss revenue exceeding two million dollars. ***co-authored****: "Stealing Trash: Grey Collar Crime", Police Chief,* August 1996, Volume LXII, no.8, p. 39.

Fugitive Apprehension Strike Team— one year project where 206 chronic offenders, with profiles reflecting 199 felonies and 308 misdemeanors, were taken off the street.

Operation Infiltrating Criminal Enterprises (ICE) - commanded a covert sting operation targeting businesspersons engaged in the solicitation and purchase of stolen goods. Nineteen individuals arrested and convicted. Drugs, weapons and stolen property recovered.

Professional Training:

Federal Law Enforcement Training Center *Police attorney training*
LEEDA *FBI executive development training*
Maine Community Policing Institute *State executive leadership training*
National Sheriff's Institute: *Executive development training*
Elected President of the 74th Session

Professional Commitments:

City of Portland
Chair-- *City of Portland Task Force on Bias Crime*
Member-- *Maine Department of Education's Task Force on Safe and Drug Free Schools*
Director-- *Rape Crisis Center*
Member-- *Technical Advisory Board for the Spurwink Institute*
Maine Sheriff's Association
President (past)
National Sheriffs Association
Appointed – *Legal Affairs Committee*
Maine State Legislature
Member-- *Commission on Community Safety and Sex Offender Accountability*
Member-- *Commission on the Sentencing, Supervision, Management and Incarceration of Prisoners*
Member—*State Sentencing and Corrections Practices Coordinating Council*
Maine State Board of Corrections
Member-- *Executive Working Group*
Attorney General
Co-Chair-- *Ad Hoc Task Force on the Use of Deadly Force by Law Enforcement Officers Against Individuals Suffering From Mental Illness*

Education:

University of Maine School of Law

Juris Doctor *granted on May 28, 2005*
Admitted to the Maine Bar *on May 24, 2006*

Independent Writing Project— *"Plain View Doctrine in the Wild, Wild West of Cyberia":* article discussing plain view doctrine as it applies to code driven "sight" and the evidentiary questions arising from the forensic analysis of a computer's hard drive.
Self designed study— *Police Liability Issues,* co-developed a fifteen week seminar involved in the analysis of contemporary litigation strategies as they impact police operations.
Independent study— *"Hunger Strike"* independent study/paper outlining the legal history of prisoner hunger strikes; as well as considerations regarding the proper management of these events within a correctional institution
General Practice Clinic— Selected for Clinic subsequent to achieving Honors in Trial Practice. Assigned primarily to cases involving Family Law issues or Domestic Violence protection orders. Tried a contested adoption case representing a mother incarcerated in state prison on the merits of "defacto parenthood" as an alternative to absolute termination of parental rights.

Harvard University, JFK School of Government

Senior Executives in State and Local Government
Henry Brooks Fellow

Antioch N.E. Graduate School

Master in Human Services Administration
Practicum: An examination of organizational processes which may impede career growth for women police officers.

University of Southern Maine

Bachelor of Arts in Criminal Justice

Awards:

U.S. Presidential Commendation *Community Leadership*
United States Senate *Citation for Community Policing Leadership*
International Association of Chiefs of Police and Parade Magazine *Finalist for Officer of the Year*
Greater Portland Council of Governments *Excellence in Emergency Planning — Jail Evacuation Plan*
The National Gains Center *National Achievement award for innovations in diversion of mentally ill offenders to community based treatment*
National League of Cities *Innovation in Criminal Justice Programming*
Maine Gay Lesbian Political Alliance *Presidential award*
Jewish Federation of Southern Maine *Leadership award*
Maine Refugee Advisory Council *Commendation*
NAACP *Martin Luther King Award for Community Service*
Holocaust Human Rights Center *Leadership commendation*
Portland School Committee *Excellence in Leadership*
City Council / Portland *Humanitarian Award*
NAMI / Maine *Criminal Justice Award for Mental Health Advocacy*

Teaching Experience:

Mark N. Dion, Esq. currently serve in an adjunct faculty capacity at:

Southern Maine Community College	*Course:*	*Criminological Theories*
Husson College	*Courses:*	*Law Enforcement Administration* *Corrections* *Advanced Criminal Procedures*

Schedule B – Employees, Agents and Volunteers

Northeast Patients Group will employ 3-5 full-time non-exempt employees to open our dispensary. Job duty overviews are below. Our staffing plan is based on projected client needs and is fully and quickly scalable to meet increasing demand. NPG will also employ .4 FTE to serve in an administrative capacity.*

We will solicit applications for employment from in and around the District area.

Our cultivation site will be staffed by 2 employees led by Matt Hawes*. Faith Benedetti and Becky DeKeuster will also serve as employees of the corporation.

Staffing Plan - dispensary *(FTE)*	2011	2012	2013
district 5	**Y1**	**Y2**	**Y3**
Dispensary Manager	1.0	1.0	1.0
Receptionist	0.5	1.0	1.0
Store Staff	0.5	1.0	2.0
Security	0.5	1.0	1.0
Administrative staff	0.4	0.6	1.0
Cultivation staff	0.4	1.1	1.9
Total	**3.3**	**5.7**	**7.9**

NPG will continue to retain the services of Dan Walker of Preti-Flaherty, who is authorized to act as authorized agent for acceptance of process for NPG. We also intend to consult on an as-needed basis with a number of advisors including but not limited to:

- Jacques Santucci, Principal of Opus Consulting Group, based in Portland, ME, for business and management consulting
- Tim Schick, a Director of Berkeley Patients Group, for intellectual property

**If NPG is fortunate enough to be awarded more than one district, we anticipate that an economy of scale will affect some of our staffing needs, particularly in the administrative area.*

Schedule C - Bylaws of the Non-Profit Corporation

Northeast Patients Group is fully committed to maintaining ongoing compliance with all pertinent provisions of the Rules, Section 6.4 and others, relating to its organizational structure and ongoing operations. Its Bylaws appear below followed by its Articles of Incorporation as filed with the Maine Secretary of State on 6/16/10.

In further demonstration of its not-for-profit status and commitment, NPG offers the following **Policy Regarding Charitable Donations:**

NPG has been formed as a nonprofit corporation pursuant to the Maine Nonprofit Corporation Act, Title 13-B of the Maine Revised Statutes Annotated. NPG's Articles of Incorporation and Bylaws contain all provisions necessary for compliance with Title 13-B requirements, including prohibitions on the issuance of stock, and the payment of dividends and other distributions of income or profit. Its contracts with patients will likewise acknowledge NPG's nonprofit status. Its revenues and receipts will be devoted to its nonprofit purposes as set forth in its Articles and Bylaws. It has not sought tax exempt status under the Federal Internal Revenue Code, Section 501(c) and does not anticipate doing so.

Consistent with its nonprofit character, NPG has determined to devote a significant portion of any operating surplus it generates following the startup phase to charitable donations to qualifying tax-exempt entities whose mission and purposes are consistent with NPG's. NPG's projected income statements set forth significant operating surpluses following its initial startup phase. NPG's Board will evaluate these surpluses and determine the ongoing needs of NPG to maintain high quality services and appropriate facilities. From the remaining surplus, it anticipates making donations to such entities as the Maine Hospice Council, the Harold Alfond Center for Cancer Care, the Maine AIDS Alliance and others that treat a significant number of its patients.

NPG's Board will also evaluate making voluntary payments to municipalities where it has dispensaries and where significant infrastructure support services are provided by that municipality, and which may not otherwise be fully compensated through property taxes, including those NPG may pay indirectly through its rental payments to its landlord.

The determination of the particular amounts of donations and voluntary payments to municipalities cannot be determined at this time. NPG's Board confirms its commitment to supporting these and related charitable purposes with its surplus funds to the extent practicable under future circumstances.

BYLAWS
of
NORTHEAST PATIENTS GROUP
(A Maine Nonprofit Mutual Benefit Corporation)
Adopted by the Board of Directors June 16, 2010

ARTICLE 1. IDENTITY

1.1 Name:

The name of the corporation is Northeast Patients Group (the "Corporation"). The name of the Corporation may be changed by amendment of its Articles of Incorporation. The Corporation may register to do business under one or more assumed names by filing appropriate registrations with the Secretary of State of the State of Maine.

1.2 Offices:
The principal office of the Corporation in the State of Maine shall be at such location as may from time to time be designated by the Board of Directors of the Corporation. The Corporation may also have offices at such other places, within or without the State of Maine, as its business and activities may require and as the Directors may, from time to time, designate.

1.3 Registered Agent and Office:
In compliance with the Maine Nonprofit Corporation Act, the corporation shall have, and continuously maintain, a statutory registered agent who shall be a resident of the State of Maine. The initial registered agent shall be the person designated in the Articles of Incorporation and the Directors shall have the power to change the identity of the registered agent from time to time by filing an appropriate form with the Secretary of State of the State of Maine. The registered agent shall maintain a registered office within the State of Maine. The address of the registered office may be changed from time to time by either the registered agent, or the Directors, upon filing an appropriate form with the Secretary of State of the State of Maine.

1.4 Articles of Incorporation:
The name and purposes of the Corporation shall be as set forth in the Articles of Incorporation. These Bylaws, the powers of the Corporation, its Directors, Officers and all matters concerning the conduct and regulation of the affairs of the Corporation shall be subject to the Articles of Incorporation in effect from time to time.

ARTICLE 2. PURPOSE
The Corporation's purposes as set forth in its Articles of Incorporation are as follows:
The Corporation is organized as a mutual benefit corporation for all purposes permitted under Title 13-B. Without limiting the generality of the foregoing purposes, the Corporation's purposes shall include the promotion of the common good and general welfare of the people of Maine through appropriate means, including (among other things) advocating for access to marijuana by individuals qualifying for legal access to marijuana for medical use, providing marijuana to such individuals as permissible by law, and fostering improved understanding by the people of the Maine of the benefits such individuals derived from such use. The mission of the Northeast Patients Group is to provide the purest, most effective, and affordable medical cannabis along with integrated holistic health services. We create and maintain the standards of excellence for medical cannabis in all that we do. We foster a compassionate community that advances understanding and inspires action.
The Corporation shall not have or issue shares of stock. No dividend shall be paid and no part of the income or profit of the Corporation shall be distributed to any member, director, officer or other individual (except that reasonable compensation may be paid for services rendered to or for the benefit of the Corporation in carrying out its purposes). Upon the dissolution of the Corporation or the termination of its activities, the assets of the Corporation remaining after the payment of all of its liabilities shall be distributed by its Directors exclusively to one or more organizations as may then be permissible under Maine law.

ARTICLE 3. MEMBERS
The Corporation shall have no members.

ARTICLE 4. BOARD OF DIRECTORS
4.1 Powers, Identity & Qualifications:
The activities, property and affairs of the Corporation shall be managed by its Board of Directors (the "Board"). The Board shall have the powers possessed by the Corporation itself, so far as not inconsistent with the laws of the State

of Maine, the Articles of Incorporation as amended, or these Bylaws. The Board of Directors may delegate to Officers and employees any or all of the powers which the Directors may have, and may adopt and amend from time to time rules and regulations governing the affairs of the Corporation. The Directors shall be elected by the Board at the Annual Meeting. The number of Directors may be increased or decreased from time to time by the Board, but shall not be less than three (3) nor more than fifteen (15), and no decrease in number shall have the effect of shortening the term of any incumbent Director. Each Director shall be selected for his or her ability to participate effectively in fulfillment of the responsibilities of the Board. In the process of selection of individual candidates as Directors, consideration should be given to those individuals with skills, experience, interests, and expertise in areas of value to the Corporation.

4.2 Terms of Office:
Directors shall serve for terms of three years and until their successors are elected and qualified, or until their prior death, removal, or resignation. The initial Directors shall serve until the first Annual Meeting of the Board at which time the Directors shall be divided into three classes with staggered terms of one, two and three years, respectively, such that (as nearly as possible) one-third of the Directors shall be elected in each year. To accomplish this result, at the first Annual Meeting of the Board, one-third of the Directors shall be elected to a term of one year, one-third of the Directors shall be elected to a term of two years, and one-third of the Directors shall be elected to a full three-year term. At each Annual Meeting thereafter, one-third of the Directors shall be elected to serve for full terms of three years, as terms of their predecessors expire.

4.3 Vacancies:
In the event of a vacancy on the Board of Directors occurring between Annual Meetings of the Board, the Directors may act to fill any such vacancy for the unexpired term of the person creating the vacancy. Vacancies shall be filled forthwith, and any person elected to fill a vacancy shall be so advised and shall serve with the same rights and duties of such person as they are elected to succeed.

4.4 Removal:
Any Director may be removed from office with or without cause at any meeting by affirmative vote of at least two-thirds of the Directors then in office.

4.5 Resignations:
Any Director may resign at any time either by notice in writing to the Secretary or by absence from three (3) successive meetings of the Directors. Written resignations shall take effect at the time therein specified, or upon receipt if no time shall have been specified. Resignations deemed offered by three consecutive absences shall not be accepted except by affirmative vote of a majority of Directors present at a meeting subsequent to the meeting giving rise to the deemed offer of resignation. Unless otherwise specified, the acceptance of such resignation shall not be necessary to make it effective.

4.6 Meetings:
There shall be an Annual Meeting of the Directors held during September of each year at the principal place of business of the Corporation or at such other location as the Directors may designate. Additionally, there shall be Regular Meetings and Special Meetings of the Directors and/or the corporate officers and/or the committees as are necessary to conduct the business of the Corporation. Location and time of these meetings shall be at the discretion of the Board.
Special meetings may be called at the discretion of the President, or at the request in writing of one-third of the

Directors.

4.7 Notice of Meetings:
A minimum of five (5) days notice for meetings of the Board shall be given, either by mail, telegraph, telephone or personal communications and such notice shall include at least an agenda and list of items to be voted upon.

4.8 Quorum and Voting:
At least fifty percent (50%) of the Directors shall constitute a quorum. Unless otherwise required by law, the Articles of Incorporation, or these Bylaws, the act of a majority of the Directors present at a meeting in which a quorum has been declared shall be the act of the Board. A Director may participate in any meeting of the Board or any committee thereof by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Such participation in a meeting shall constitute presence in person at such meeting.

4.9 Mechanisms for Board Action Without a Meeting:
If all the Directors sign a written consent specifying any action desired to be taken by the corporation, such action shall be a valid corporate action as though it had been authorized at a meeting of the Board and the secretary shall file such consent with the minutes of the meeting of the Board to be read at the ensuing regular meeting. A consent may be executed in counterpart originals as long as all counterparts are maintained in the corporate record book by the Secretary.

4.10 Conflicts of Interest:
(A) Statement of Potential Conflicts: Prior to taking his/her position on the Board of Directors and annually thereafter, each Director shall submit in writing to the President, a list of all businesses and other organizations of which he/she is an officer, director, trustee, member, owner (either as a sole proprietor or partner), shareholder (with at least a five percent (5%) interest in all outstanding voting shares), employee or agent with which the Corporation has, or might be expected to have, a relationship or transaction in which the Director might have conflicting interest. Each written statement shall be resubmitted with any necessary changes annually. The President shall become familiar with the statements of all Directors in order to guide his/her conduct should a conflict arise. The Treasurer shall be familiar with the statement filed by the President.

(B) Conduct of Meetings of the Board When a Conflict Exists: At such time as any matter comes before the Board of Directors in such a way as to give rise to a conflict of interest, the affected Director shall make known the potential conflict, whether disclosed by his/her written statement or not, and after answering any questions that might be asked of him/her, shall withdraw from the meeting for so long as the matter shall continue under discussion. Should the matter be brought to a vote, the affected Director shall not vote thereon. In the event that he/she fails to withdraw voluntarily, the President is empowered and shall require that the affected Director remove himself/herself from the room during both the discussion and vote on the matter. In the event the conflict of interest affects the President, the Treasurer is empowered to and shall require that the President remove himself/herself in the same manner, and for the duration of discussion and action on the matter the Treasurer shall preside.

(C) Establishment of a Quorum For a Special Meeting When a Conflict Exists: If the matter is the item of business for which a special meeting of the Board was called, the affected Director shall not be counted to establish a quorum, nor shall he/she participate in the deliberations or vote thereon.

4.11 Compensation:
Directors may receive reasonable compensated for their service as Directors of the Corporation and for any other services rendered to, or on behalf of, the Corporation. Directors may be reimbursed for reasonable expenses incurred in their service as Directors.

4.12 Minutes:
A written record of all Board meetings shall be maintained by the Secretary in one or more corporate books reserved for this purpose.

ARTICLE 5. OFFICERS

5.1 Officers:
The officers of the Corporation shall be the President (who shall serve as President of the Corporation for all purposes required by the Maine Nonprofit Corporation Act), a Treasurer, and a Secretary and such other officers as the Directors may consider to be necessary or advisable from time to time.

5.2 Terms:
Officers must be Directors. Officers shall serve for one-year terms expiring at the next Annual Meeting of the Directors and/or until their successors are named and qualified.

5.3 Nomination and Election of Officers:
The Directors shall elect officers at their Annual Meeting. Vacancies shall be filled by the Directors at the earliest meeting of the Directors practicable after the vacancy occurs.

5.4 President:
The Directors shall select by majority vote a person from among their number to serve as the Board's President. The President shall preside at all meetings of the Directors of the Corporation. The President shall perform any other duties normally within the expressed or implied duties of the office of President of the Board of Directors that may be necessary for the best interest of the Corporation. The President shall perform such other duties as the Board of Directors shall, from time to time, direct.

5.5 Treasurer:
The Treasurer shall perform such duties as the Directors or the President may delegate to him/her. The Treasurer shall also prepare, or cause to be prepared, and shall present to the Directors at their Annual Meeting, a complete financial report and balance sheet showing the assets and liabilities of the Corporation as of the close of the preceding fiscal year, together with a profit and loss statement showing the gross and net income and operating expenses of the Corporation for the same period. The Treasurer shall also, whenever required by the Directors or the President, render, or cause to be rendered, a statement to them or to him/her of the finances of the Corporation. If requested by the Directors, within 90 days of the close of each year the Treasurer shall present to the Directors financial statements prepared by an independent certified public accountant. Such of the duties and powers of the Treasurer as he/she may from time to time determine may be delegated to the President of the Corporation or to a Finance Committee of which the Treasurer shall be President.

5.6 Secretary:
The Secretary shall keep, or cause to be kept, the minutes of all meetings of the Directors and shall keep said minutes in one or more corporate minute books. The Secretary shall attend to the giving and serving of all notices

for the Corporation and the Directors. When required, the Secretary shall attest the signature of the proper officers to all contracts, securities and other obligations of the Corporation and may affix the seal of the Corporation thereto. The Secretary shall perform all duties incident to the office of Secretary, subject to the control of the Directors, and such other duties as may, from time to time, be delegated to him or her by the Directors.

ARTICLE 6. COMMITTEES

6.1 Special or Ad Hoc Committees:

The Directors may delegate such of their powers as they consider advisable (except those powers which by law, the Articles of Incorporation, or these Bylaws may not be so delegated) to such additional Special or ad hoc Committees as the Board of Directors or these Bylaws may from time to time establish. The President, subject to the approval of the Board of Directors, shall complete by appointment all special and ad hoc Committees, designating the President of each, as soon as practicable after the meeting at which such Committee was established.

6.2 Membership and Chairs:

Unless otherwise specified by these Bylaws, members of all Committees shall be nominated by the President and approved by resolution of the Board of Directors. One (1) member of each Committee, who shall be a Director, shall be appointed Chair of such committee by the Board President. Committees may elect or appoint a Vice Chair in the absence of the Chair, a Secretary and such other officers as they may consider necessary or advisable to conduct the meetings of the Committee. Except as otherwise provided, membership on Committees, other than an Executive Committee, may include persons other than Directors, such as administrative staff members, professional advisors, and other interested persons. Alternate or replacement members of any Committee shall be appointed or elected, as the case may be, in the same manner as Committee members are selected initially.

6.3 Term of Service:

A member of any Committee shall serve until the next annual meeting of the Board of Directors or until his or her successor is appointed, unless the Committee shall be sooner dissolved or unless he or she is removed from such Committee or unless the individual ceases to qualify as a member of such Committee.

6.4 Meetings and Notice:

Meetings of Standing and Special Committees may be called by the President, the Chair of the Committee, or any three (3) of the Committee's voting members. Except as otherwise provided in these Bylaws, each committee shall meet as often as necessary and appropriate to perform its duties. The date, time and place of a meeting shall be given at such time and in such manner as to provide reasonable notice to committee members of the meeting. Such notice may either be oral or written, but must be given at least twenty-four (24) hours prior to the meeting, except that shorter notice may be given if necessitated by an emergency. Each Committee shall keep minutes of its proceedings and shall record them for filing by the Secretary in the Corporate Minute Book.

6.5 Quorum:

Except as otherwise provided in these Bylaws, in the resolution of the Directors creating a Committee or by the President, a majority of the full Committee shall constitute a quorum and action taken when a quorum is present shall be the act of the Committee.

6.6 Resignations and Removals:

A member of a Committee may resign at any time by submitting a written resignation to the Chair of the Committee, or the President. Any member of any Committee may be removed by the Directors whenever, in their judgment, the

best interests of the Corporation would be served thereby. Failure by any Committee member to attend two (2) consecutive regular meetings unexcused shall warrant a letter of warning that a third absence will be cause for removal from the Committee. The President may remove any committee member he or she has appointed whenever, in his or her judgment, the best interests of the Corporation will be served thereby.

6.7 Vacancies:
A vacancy on a Committee shall be filled for the unexpired portion of the term in the same manner in which the selection of the previous committee member was made. During any vacancy, the remaining Committee members may continue to act with the power and authority of the full Committee.

ARTICLE 7. INDEMNIFICATION
7.1 Indemnification:
The Corporation shall in all cases, to the fullest extent permitted by the Maine Nonprofit Corporations Act, indemnify any person who was or is involved in any manner (including, without limitation, as a party or a witness) in any threatened, pending or completed investigation, claim, action, suit, or proceeding, whether civil, criminal, administrative, or investigative (including, without limitation, any action, suit, or proceeding brought by, or in the right of, the Corporation to procure a judgment in its favor) by reason of the fact that that person is or was a director or officer of the Corporation, against all liabilities and expenses actually and reasonably incurred by the person in connection with such actions, suits or proceedings including but not limited to attorneys' fees, judgments, fines and amounts paid in settlement. This Section is subject to the limitations set forth in Section 7.2.

7.2 Limitations on Indemnification:
No indemnification shall be provided for any person with respect to any matter as to which that person shall have been finally adjudicated in any action, suit or proceeding not to have acted in good faith in the reasonable belief that that person's action was in the best interests of the corporation or, with respect to any criminal action or proceeding, had reasonable cause to believe that that person's conduct was unlawful. The termination of any action, suit or proceeding by judgment, order or conviction adverse to such person, or by settlement or plea of nolo contendere or its equivalent, shall not of itself create a presumption that such person did not act in good faith in the reasonable belief that his/her action was in the best interests of the corporation, and, with respect to any criminal action or proceeding, had reasonable cause to believe that his/her conduct was unlawful.

7.3 Requirement of Indemnification:
Any provision of Sections 7.1, 7.2 or 7.4 to the contrary notwithstanding, to the extent that a director or officer has been successful on the merits or otherwise in defense of any action, suit or proceeding referred to in Section 7.1, or in defense of any claim, issue or matter therein, that person shall be indemnified against all expenses and liabilities, including attorneys' fees, actually and reasonably incurred by that person in connection therewith. The right to indemnification granted by this Section 7.3 may be enforced by a separate action against the Corporation, if an order for indemnification is not entered by a court in the action, suit or proceeding wherein he was successful on the merits or otherwise.

7.4 Procedure:
Any indemnification under Section 7.1, unless ordered by a court, shall be made by the Corporation only as authorized in the specific case upon a determination that indemnification of the director or officer is proper in the circumstances because that person has met the applicable standard of conduct set forth in Section 7.1 and Section 7.2. That determination shall be made by the Board of Directors by a majority vote of a quorum consisting of

directors who were not parties to such action, suit or proceeding, or if such a quorum is not obtainable, or even if obtainable, if a quorum of disinterested Directors so directs, by independent legal counsel in a written opinion. Such a determination, once made by the Board of Directors may not be revoked by the Board of Directors, and upon the making of such determination by the Board of Directors, the director or officer may enforce the indemnification against the Corporation by a separate action notwithstanding any attempted or actual subsequent action by the Board of Directors.

7.5 Expenses:

Expenses incurred in defending a civil, criminal, administrative investigation, or any such action, suit or proceeding may be authorized and paid by the Corporation in advance of the final disposition of that action, suit or proceeding upon a determination made in accordance with the procedure established in Section 7.4 that, based solely on the facts then known to those making the determination and without further investigation, the person seeking indemnification satisfied the standard of conduct prescribed by Section 7.1 and 7.2. Those persons making such determination may, in their discretion, require such person to provide the following to the Corporation:

(A) A written undertaking by or on behalf of the officer or director to repay that amount if that person is finally adjudicated:

(1) Not to have acted honestly or in the reasonable belief that the person's action was in or not opposed to the best interests of the Corporation;

(2) With respect to any criminal action or proceeding, to have had reasonable cause to believe that the person's conduct was unlawful; and

(B) A written affirmation by the officer or director that the person has met the standard of conduct necessary for indemnification by the Corporation as authorized in this section.

The undertaking required by Paragraph A shall be an unlimited general obligation of the person seeking the advance, but need not be secured and may be accepted without reference to financial ability to make the repayment.

7.6 Enforceability:

The indemnification and entitlement to advances of expenses provided by this Article shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any bylaw, agreement, vote of disinterested directors or otherwise, both as to action in that person's official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, officer, trustee, partner or fiduciary and shall inure to the benefit of the heirs, executors and administrators of such a person. A right to indemnification may be enforced by a separate action against the Corporation, if an order for indemnification has not been entered by a court in any action, suit or proceeding in respect to which indemnification is sought.

7.7 Insurance:

The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a director or officer against any liability asserted against that person and incurred by that person in any such capacity, or arising out of that person's status as such, whether or not the Corporation would have the power to indemnify that person against such liability under this Article.

ARTICLE 8. GENERAL PROVISIONS

8.1 Fiscal Year:

The fiscal year of the Corporation shall begin on July 1 and end on June 30.

8.2 Review and Amendment of Bylaws:
These bylaws may be changed, amended or restated at any meeting of the Board upon affirmative vote of a majority of the Directors entitled to vote; provided, however, that notice of the substance of the proposed amendment is sent to all the Directors at least three (3) days before the meeting. Prior to each Annual Meeting of the Directors, the Bylaws Committee or legal counsel shall review these bylaws and suggest any necessary changes thereto to the Board of Directors. No alteration, amendment or repeal of any provision which is substantially similar to any provision contained in the Articles of Incorporation may be made without likewise amending the Articles of Incorporation.

8.3 Corporate Seal:
If it is desired, the Corporation shall have a circular seal containing the name of the Corporation, the year of its incorporation and the word "Maine." A corporate seal may be adopted at any time by a vote of the Directors at a meeting duly called and held in accordance with these Bylaws. Unless a formal corporate seal is desired, the official corporate seal shall be the common wafer seal.

***** End of Bylaws *****

Articles of Incorporation

DOMESTIC
NONPROFIT CORPORATION

STATE OF MAINE

ARTICLES OF INCORPORATION

File No 20100494ND Pages 6
Fee Paid $ 40
DCN 210167150002I ART
---FILED
06/16/2010

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 13-B MRSA §403, the undersigned incorporator(s) executes(s) and deliver(s) the following Articles of Incorporation:

FIRST: The name of the corporation is Northeast Patients Group

SECOND: ("X" one box only. Attach additional page(s) if necessary.)

☐ The corporation is organized as a public benefit corporation for the following purpose or purposes.

See Exhibit A attached hereto and by this reference made a part hereof

☒ The corporation is organized as a mutual benefit corporation for all purposes permitted under Title 13-B or, if not for all such purposes, then for the following purpose or purposes:

Please see Exhibit A

THIRD: The Registered Agent is: (select either a Commercial or Noncommercial Registered Agent)

☐ Commercial Registered Agent CRA Public Number

(name of commercial registered agent)

☑ Noncommercial Registered Agent

Daniel W. Walker
(name of noncommercial registered agent)

[redacted]
(physical location, not P.O. Box – street, city, state and zip code)

Pre&Flaherty, P.O. Box 1058, Augusta, ME 04332-1058
(mailing address if different from above)

FOURTH: Pursuant to 5 MRSA §1083, the registered agent so listed above has consented to serve as the registered agent for this nonprofit corporation.

Form No. MNPCA-4 (1 of 3)

Thu Jun 17 2010 10:17:38

FIFTH: The number of directors (not less than 3) constituting the initial board of directors of the corporation, if the number has been designated or if the initial directors have been chosen, is 4. Please see Exhibit B

The minimum number of directors (not less than 3) shall be 3 and the maximum number of directors shall be 15

SIXTH: Members ("X" one box only.)

☑ There shall be no members.
☐ There shall be one or more classes of members and the information required by 13-B MRSA §402 is attached

SEVENTH: (Optional) ☐ (Check if this article is to apply.)

No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

EIGHTH: (Optional) ☑ (Check if this article is to apply.)

Other provisions of these articles including provisions for the regulation of the internal affairs of the corporation, distribution of assets on dissolution or final liquidation and the requirements of the Internal Revenue Code section 501(c) are set out in Exhibit C attached hereto and made a part hereof.

Incorporator(s)

(signature)

Daniel W. Walker
(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

Dated June 15, 2010

Street [redacted]
(residence address)

[redacted]
(city, state and zip code)

Street
(residence address)

(city, state and zip code)

Street
(residence address)

(city, state and zip code)

Form No MNPCA-6 (2 of 3)

For Corporate Incorporators*

Name of Corporate Incorporator _____

By _____ Street _____
(signature of officer) (principal business location)

_____ _____
(type or print name and capacity) (city, state and zip code)

Name of Corporate Incorporator _____

By _____ Street _____
(signature of officer) (principal business location)

_____ _____
(type or print name and capacity) (city, state and zip code)

***Articles are to be executed as follows:**

If a corporation is an incorporator (13-B MRSA §401), the name of the corporation should be typed or printed and signed on its behalf by an officer of the corporation. The articles of incorporation must be accompanied by a certificate of an appropriate officer of the corporation, not the person signing the articles, certifying that the person executing the articles on behalf of the corporation was duly authorized to do so

Please remit your payment made payable to the Maine Secretary of State

Submit completed form to **Secretary of State**
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries (207) 624-7752 Email Inquiries CEC.Corporations@Maine.gov

Form No MNPCA-6 (3 of 3) Rev 7/1/2008

Exhibit A to the Articles of Incorporation

of

Northeast Patients Group

A Maine Nonprofit Mutual Benefit Corporation

The Corporation is organized as a mutual benefit corporation for all purposes permitted under Title 13-B. Without limiting the generality of the foregoing purposes, the Corporation's purposes shall include the promotion of the common good and general welfare of the people of Maine through appropriate means, including (among other things) advocating for access to marijuana by individuals qualifying for legal access to marijuana for medical use, providing marijuana to such individuals as permissible by law, and fostering improved understanding by the people of the Maine of the benefits such individuals derived from such use.

1706572.2

Exhibit B to the Articles of Incorporation

of

Northeast Patients Group

A Maine Nonprofit Mutual Benefit Corporation

The names of the individuals who shall serve as the initial directors of the Corporation until the first Annual Meeting of the Board of Directors of the Corporation and until their successors are duly elected and qualified pursuant to the Bylaws of the Corporation are as follows:

Faith Benedetti

Becky DeKeuster

Sheriff Mark Dion

Paul Sevigny

1706572 2

Exhibit C to the Articles of Incorporation

of

Northeast Patients Group

A Maine Nonprofit Mutual Benefit Corporation

Number of Directors. The number of Directors of the Corporation may be increased or decreased by a resolution of the Directors, subject to the limitations set forth in Article FIFTH and provided that no decrease in number shall have the effect of shortening the term of any incumbent Director.

No shareholders or dividends. The Corporation shall not have or issue shares of stock. No dividend shall be paid and no part of the income or profit of the Corporation shall be distributed to any member, director, officer or other individual (except that reasonable compensation may be paid for services rendered to or for the benefit of the Corporation in carrying out its purposes).

Dissolution. Upon the dissolution of the Corporation or the termination of its activities, the assets of the Corporation remaining after the payment of all of its liabilities shall be distributed by its Directors exclusively to one or more organizations as permissible under Maine law.

1706572 2

Schedule D - Location of Grow Site, if different than Location of Dispensary

Northeast Patients Group will cultivate medical cannabis at 601 Coldbrook Rd. in Hermon, ME. **Appendix D.1** contains a Letter of Intent and Statement of Ownership for this property, which has been accepted as "seen and agreed" to by Ms. DeKeuster, CEO of NPG. This package also provides a site diagram showing the location. Please note that, as set forth in the Letter of Intent, Dysart's is committed to providing a suitable enclosed, locked facility, to be leased to NPG, in conformance with all DHHS Rules and local ordinances. Clinton Deschenes, of the Office of Economic Development for the Town of Hermon, has submitted a letter of interest regarding our potential work in Hermon (**Appendix D.2**). Please also note that Senator Joe Perry, whose district includes Hermon and the City of Bangor, has also submitted a letter of reference for NPG in this district (**Appendix 3**).

Schedule E – Policies and Procedures

As stated above, Northeast Patients Group ("NPG"), its Board, Staff, Landlords, and any persons or entities contracting with it are fully committed to assuring full and ongoing compliance with all pertinent rules, regulations, policies and standards of DHHS, focusing particular attention on the Rules Governing the Maine Medical Use of Marijuana Program ("Rules").

Northeast Patients Group has developed extensive policies and procedures to govern every aspect of our operations, which creates a corporate culture of compliance. This allows us to focus our energies on providing the best, most responsive attention to our clients rather than on organizational problem-solving. At the same time, these practices discourage unlawful activity. NPG is also committed to working with the Department of Health and Human Services and outside consultants to audit, review, refine and improve these policies as Maine's dispensary program evolves. Some of these policies appear below. Others are set forth in particular Schedules, sections and subsections pertinent to each.

Given its importance, NPG restates its not-for-profit and charitable giving policy that is set forth above under the Bylaws section:

Charitable Giving Policy

NPG has been formed as a nonprofit corporation pursuant to the Maine Nonprofit Corporation Act, Title 13-B of the Maine Revised Statutes Annotated. NPG's Articles of Incorporation and Bylaws contain all provisions necessary for compliance with Title 13-B requirements, including prohibitions on the issuance of stock, and the payment of dividends and other distributions of income or profit. Its contracts with patients will likewise acknowledge NPG's nonprofit status. Its revenues and receipts will be devoted to its nonprofit purposes as set forth in its Articles and Bylaws. It has not sought tax exempt status under the Federal Internal Revenue Code, Section 501(c) and does not anticipate doing so.

Consistent with its nonprofit character, NPG has determined to devote a significant portion of any operating surplus it generates following the startup phase to charitable donations to qualifying tax-exempt entities whose mission and purposes are consistent with NPG's. NPG's projected income statements set forth significant operating surpluses following its initial startup phase. NPG's Board will evaluate these surpluses and determine the ongoing needs of NPG to maintain high quality services and appropriate facilities. From the remaining surplus, it anticipates making donations to such entities as the Maine Hospice Council, the Harold Alfond Center for Cancer Care, the Maine AIDS Alliance and others that treat a significant number of its patients.

NPG's Board will also evaluate making voluntary payments to municipalities where it has dispensaries and where significant infrastructure support services are provided by that municipality, and which may not otherwise be fully compensated through property taxes, including those NPG may pay indirectly through its rental payments to its landlord.

The determination of the particular amounts of donations and voluntary payments to municipalities cannot be determined at this time. NPG's Board confirms its commitment to supporting these and related charitable purposes with its surplus funds to the extent practicable under future circumstances.

Policy Regarding Services to Registered Patients Who Cannot Afford to Purchase Medicine

According to the U.S. Census Bureau, in 2008 12.6% of Maine's population was living under the federal poverty level. Further, medical cannabis is not covered by health insurance or Medicare/Medicaid. Maine's medical cannabis program is vital for the health of all its patients, and NPG offers a proven program, the Helping Hands Program, to provide free, safe cannabis to low-income or homeless patients. This Helping Hands Program will also incorporate elements taken from the Maine DHHS Free Care Guidelines applicable to Maine hospitals, Chapter 150 of the MaineCare Manual.

Goal: To offer free, quality-tested medical cannabis and service referrals to certified patients with demonstrated financial and medical need who cannot otherwise afford this medicine. No patient will receive more than 2.5 ounces of medicine per fifteen days. Patients will also receive housing and health care/nutrition information and referrals to other services.

Eligibility: A certified patient must show their valid doctor's note and state ID, and register as a patient with NPG. Patients will complete a confidential application showing financial need (total income below one hundred and fifty percent (150%) of the Federal Poverty Level Guidelines (FPL); homelessness; lack of transportation). Applications will be reviewed by a limited number of NPG staff who are specially trained in HIPAA and confidentiality requirements. Information about patient participants will be maintained in a secure database. Income will be determined with reference to the standards and requirements set forth in the Maine DHHS Regulations governing Free Care at Maine hospitals. Notices of the availability of this Program will be posted at the clinic.

Sourcing of Medicine: NPG will safely grow, test, package, inventory and store excess dried medicine for this program and will clearly designate same for the Helping Hands Program in its internal tracking programs. If patients donate excess medicine to NPG, this medicine shall be examined organoleptically and will be subject to our proprietary laboratory testing for molds, mildews, pesticides and other contaminants (discussed in detail at Schedule E-5, Quality Control) before being added to our permanent inventory system, packaged and securely stored. Helping Hands medicine will be inventoried daily according to the NPG protocols for safe handling and storage of medical cannabis.

Distribution: Helping Hands patient data will be kept confidential and nothing on the packaging of their medicine or in their transaction process with NPG staff will indicate that they are receiving medicine through this program.

Policy Regarding Privacy of Patient Data and Record-Keeping

As required by Section 6.24, NPG shall implement dispensary policies and procedures that maintain the following records under the highest standards of accountability: personnel policies and practices, payroll, documentation of current State residency, job descriptions and employment contracts, sales and accounting records, confidential personnel files, substance abuse testing results, records of disposal of marijuana, and records of current patients.

Please refer to **Appendix E.1** for the table of contents of our Data Security Policy.

NPG shall maintain sales records for six years that include the name of the registered patient or caregiver to whom medical cannabis was dispensed, the date, the quantity, the form of medicine and the price. Our records shall also indicate any medical marijuana equipment that has been sold or distributed. NPG will report sales to Maine Revenue Service and collect and pay sales tax.

NPG will implement a record keeping system that will be kept in a secured server. A record keeping system is a system that captures, protects and provides access to records over time. NPG's recordkeeping systems will make records accessible and also employ the necessary controls that can ensure record authenticity and integrity. It will include protecting records and implement disaster and continuity management strategies. This would involve:

- capturing records into recordkeeping systems as soon after their creation as possible.

- routinely performing comprehensive system-wide backups. The frequency of system backups and period they are to be retained will be determined by a risk assessment and organizational needs and is expected to be at a minimum daily and weekly.
- storing copies of backups offsite.
- maintaining secure storage facilities for equipment, digital records and backups.
- maintaining high system security.

NPG's record keeping system will include an accounting application coupled to a point-of-sale system (potentially equipped with a scanning feature) to facilitate inventory and sales tracking. The accounting system will be implemented by an accounting professional and it is NPG's intention to have financial records reviewed by a Certified Public Accountant.

Regular review and audits of these policies and programs by management and outside consultants will prevent unlawful activities and ensure that ongoing improvements are implemented.

Patient records are an area of particular sensitivity. NPG will comply with the following **Notice of Privacy Practices for Protected Health Information:**

NORTHEAST PATIENTS GROUP
Notice of Privacy Practices for Protected Health Information

Northeast Patients Group ("NPG")[1] is committed to protecting the confidentiality of any protected health information ("PHI") it may have regarding its patients.

"PHI" includes information such as name, address, telephone number, social security number, birth date and gender, as well as information regarding a patient's health, illnesses and injuries; and information about the medical services provided to any patient, including payment information, if any of that information may be used to identify a patient.

In the ordinary course of events, NPG does not have detailed medical information regarding its patients. Rather, NPG will rely on the registration card and related processes set forth in the rules governing the Maine Medical Use of Marijuana Program ("MMMP"). In circumstances where NPG possesses PHI, it will maintain this PHI as confidential, subject to the terms and limitations of Section 9 of the rules governing the MMMP as administered by the Maine Department of Health and Human Services ("DHHS").

NPG will use and disclose your PHI for the following types of activities:

- Treatment. Treatment means the provision of services by NPG and other health care providers involved in your care.
- Payment. If applicable, for third party payors, if any. (NPG does not anticipate that its services will be covered by third party payors).
- Health Care Operations. Health care operations means, the business activities of our dispensary. These activities include, for example, quality assessment and improvement activities; patient education; and business management & general administrative activities.
- Fundraising and Marketing. With your authorization, we may contact you for fundraising.
- Individuals Involved in Your Care. If in NPG's judgment it is in your best interest, we will disclose PHI to your family members or close friends, or legal guardian or person holding your power of attorney for health care (if applicable), or caregivers who are involved in your health care. You may restrict disclosures of PHI to only such persons that you identify as permitted to receive PHI.
- Contacting you.

[1] NPG is not a "covered entity" under the Federal Health Insurance Portability and Accountability Act ("HIPAA") Privacy Standards. It is not a provider of designated "medical or other health services" or a "provider of services" as defined under Federal law, 42 U.S.C. §1396x (s) and (u). Therefore, it is not subject to the full set of standards applicable to "covered entities" under HIPAA. NPG will, however, follow several of the policies and principles of privacy and confidentiality set forth under HIPAA privacy standards as stated in this Notice.

Please note that not every type of use or disclosure is listed in this Notice. (cont. next page)

Any PHI in possession of NPG shall be maintained as confidential and, may not be disclosed for purposes other than those in the preceding paragraphs, except as follows:

1. To Maine DHHS employees who are responsible for carrying out these rules;
2. Pursuant to a court order;
3. With the written permission of the patient or the patient's legal guardian, or a parent or person with legal custody if the patient has not attained 18 years of age;
4. As permitted or required for the disclosure of health care information pursuant to 22 Maine Revised Statutes, section 1711-C; and
5. To a patient's treating physician and to a patient's primary caregiver for the purpose of carrying out the MMMP rules.

NPG will also respect several rights patients have with respect to their PHI. These include the following:

- Right to request restriction of uses and disclosures – you may request that we not use or disclose any part of your PHI unless it is otherwise permitted by this policy or by law;
- Right to access to PHI – you have a right to inspect and obtain a copy of any PHI we have in the format under which we maintain it;
- Right to amend PHI – you have the right to request that we amend PHI. You may submit a written statement and NPG has the right to submit corresponding statement. NPG will not delete any PHI in your records.

If you have a complaint about the handling of PHI by NPG, you may file a complaint in writing with our Privacy Contact with the Maine DHHS. You will not be retaliated against for filing a complaint.

We have in place appropriate policies, and safeguards to protect the privacy of your PHI. We train our staff on the obligation to protect the privacy of your PHI. We hold PHI in a secure area within each facility. Staff members who have a "need to know" are permitted access to your PHI.

If you have questions regarding this policy, please contact our Privacy Contact _____.

Acknowledgement of Receipt of Northeast Patients Group
Notice of Privacy Practices for Protected Health Information

I acknowledge that I have received a copy of Northeast Patients Group Notice of Privacy Practices for Protected Health Information. I understand that it is Northeast Patients Group policy to assure the confidentiality of all individually identifiable information unless I authorize a specific disclosure of information. I understand that some disclosures are allowed or required under federal and state law.

Signature _____ _____

Individual or Authorized Representative Date

I am an authorized representative for: _____

Schedule E-1 - Personnel Policies & Procedures

Northeast Patients Group is committed to ongoing compliance with all pertinent provisions of the Rules, including but not limited to those governing background checks, disqualifying drug convictions, disciplinary policies, procedures and records, compliance with inspection, security and other requirements, dispensary security, job descriptions, employment contract policies, business records, patient education, personnel files, alcohol and drug-free workplace policy, and all other applicable provisions of the Rules, Sections 6.19 through 6.24 and all related subsections. All principal officers and board members will be residents of the State of Maine, and all principal officers, Board members and employees will register as cardholders through DHHS. Examples of our personnel policies and practices appear below.

Northeast Patients Group employs highly trained personnel in a staffing plan that maximizes client access, ensures security, and provides a consistent, convenient experience for patients and caregivers who use our services.

Hiring: In order to provide the highest standard of service to our clients, NPG uses a rigorous application process including detailed job descriptions and multiple interviews. NPG will conduct background checks of all employees. NPG is an equal-opportunity employer. We pay well above the minimum wage, in recognition of the fact that our employees have specialized knowledge and perform difficult work. We offer a comprehensive set of benefits including health insurance, dental and vision options, and a 401(k) plan after the first year. NPG will contribute an amount equal to 3% of the employee's wages to the 401(k) if the employee chooses to enroll.

Training: Every NPG employee will receive extensive formal training in the following areas:

- Maine and federal law
- Safety and security plans
- Incident reporting
- Confidentiality regulations
- Patient interactions (including recognizing signs of abuse/misuse of medicine)
- Dosage and methods of ingestion and their effects
- Daily operations of dispensary and/or cultivation site as appropriate to job duties
- First Aid and CPR

These trainings must be completed before the employee begins work and will be updated at least yearly. Employees are also encouraged to take advantage of special classes, leadership trainings, and other educational opportunities that may arise.

NPG's **Employee Handbook** documents these and all our personnel policies. We have extensive human resources materials, including job descriptions and duties. These materials were compiled with guidance from the law firms of Jackson-Lewis and Preti-Flaherty. It will be reviewed and if necessary updated annually. Portions of the NPG Employee Handbook can be found below, followed by a sample job description for a dispensary staff position.

Northeast Patients Group

Employee Handbook

Revised June 2010

Welcome and Introduction

The Board of Directors and your fellow employees welcome you to the Northeast Patients Group (NPG). We hope that your association with us will be both rewarding and satisfying.

NPG exists to give people with serious illnesses safe access to affordable medical cannabis. Thank you for supporting this goal. Our qualified, compassionate, and enthusiastic staff help make NPG an outstanding place of employment. Together, we can move forward in our mission of service to the community.

NPG's goal is to provide high-quality services to our patients while giving our employees a dynamic and creative atmosphere in which to flourish. As an employee of NPG, the importance of your contribution cannot be overstated.

This handbook will introduce you to our policies and benefits. It is important that you read it promptly and that you have a complete understanding of the contents. The handbook is not an agreement or contract of employment, express or implied; nor is it a promise of treatment in any particular manner in any given situation.

NPG reserves the right, at its sole discretion, to change, supplement, add, subtract, or deviate from the provisions of this handbook, except as required by law, and except for the rights of the parties to terminate employment at will, which may only be modified by an express written agreement signed by you and the NPG Board of Directors. As policies and provisions change, updated pages will be distributed.

The policies and practices described in this manual apply to all employees and each present and future dispensary operated by the Northeast Patients Group.

If you have any questions, please do not hesitate to speak with your Dispensary Managers, Department Managers, or any one of the administrative staff members.

Thank you for joining the staff of the Northeast Patients Group. We look forward to working with you.

"At-will" Employment Status

Northeast Patients Group understands that employment relationships are both personal and voluntary. Although we hope for mutually beneficial working relationships with our employees, changing circumstances make it impossible to guarantee employment. Employment at NPG is "at-will." NPG and its employees are in an employment relationship that can be ended by either party, at any time, with or without notice, and for any or no reason. This means that NPG reserves the right to sever the employment relationship, with or without notice, reason, or cause.

Further, NPG has the right to manage its workforce and direct its employees. This includes the right to hire, transfer, promote, demote, reclassify, lay off, terminate, or change any term or condition of employment at any time, with or without a reason and with or without notice unless otherwise required by law.

No one other than the Board of Directors of NPG may enter into an agreement for employment for a specific period of time or make any agreement contrary to the policy of at-will employment. Any such agreement must be in writing signed by the Board of Directors of the company and the employee.

Contact Information

Northeast Patients Group Main Office

207-358-8833

Organizational Overview

History (Redacted for space, as are redacted sections below)

Services (Redacted)

Mission

The mission of the Northeast Patients Group is to provide the purest, most effective, and affordable medical cannabis along with integrated holistic health services. We create and maintain the standards of excellence for medical cannabis in all that we do. We foster a compassionate community that advances understanding and inspires action.

Values

At Northeast Patients Group, we are guided by the five values of leadership, service, community, compassion and integrity

Leadership

NPG is an industry leader because we have created a workplace where everyone is a leader. By sharing our best ideas and our best selves, by informing and inspiring one another, by our willingness to try new things and to be proactive when something is not working, we define standards for and shape the future of our industry.

Service

NPG exists to provide professional, responsive, safe, and friendly service—not only to our patient members, but to one another, and to those who turn to us for information and assistance. We put our resources and extensive knowledge base to work in service of a healthier, more just and more peaceful world for all.

Community

A true "community of communities," our organization thrives on mutual consideration, open dialogue, respect, and a good measure of creative play. Our staff and patients work together to build bridges in work, in play, in education, and in activism, always striving for inclusion. We believe that we are all interconnected, at every level from the local and grassroots to the international.

Compassion

NPG models compassion in the care we offer our patients; by the living wage and benefits we provide our staff; and through our support of organizations that share our vision of a healthier, safer and more just world for all. By openly and actively listening to one another, and approaching all interactions with kindness and respect, we embody compassionate care.

Integrity

NPG provides sound products, sound information, and a sound model for others to reference. We set the standard for patient care, facility operations, and community engagement. Informed by a passion for social justice, our holistic approach values the total individual and their unique contributions.

At Northeast Patients Group, we lead by serving our communities with compassion and integrity.

Organizational Structure

The Northeast Patients Group is organized under Maine law to promote and facilitate the nonprofit, collaborative association of patients and caregivers engaged in the medical cultivation and use of cannabis solely by patients, aided by their primary caregivers where applicable, as authorized under Maine State law. NPG does not make cannabis available to the general public, or to anyone else who is not a patient or caregiver registered with the State of Maine, who has designated our dispensary to provide them with medical cannabis, and who is entitled to possess it pursuant to Maine law.

Board of Directors

The Board of Directors is responsible for setting policies for NPG employees. The Board employs the Dispensary Managers to whom it delegates responsibility for the day-to-day administration of the organization. The Dispensary Managers employ staff with policies set and approved by the Board of Directors.

The Board of Directors endeavors to review personnel policies annually. All amendments approved by the Board will be given to each employee for inclusion in their manual.

Managers

Employees are accountable to the NPG Dispensary Managers, who are responsible for day-to-day operations of our facility. We maintain an open door policy for employees to have access to and discuss issues with all levels of management.

Managers

Each department (including the Cultivation Department) has a daily Department Manager (Dispensary Manager or Cultivation Manager) who is responsible for scheduling breaks, training and coaching daily staff, managing inventory, ordering supplies, and other tasks. The daily staff in each department report to the Managers.

Employees

Employees report to the Dispensary Manager. Employees may be scheduled to work in different positions such as Reception, Patient Services Generalist, and others.

It is the responsibility of each employee to act in accordance with this information. Any job-related problems should first be discussed politely and calmly with the other individual involved. Most matters can be resolved at this level without the need for management interference. If a problem cannot be resolved at this level, or if an employee does not feel comfortable talking to the other individual involved, then they should discuss the matter with their Department Manager. Again, many of the conflicts that arise in the typical work environment can be settled at this level.

If a matter is not resolved satisfactorily with the Manager, the employee should advise the Manager that the matter will be discussed with a Director to determine the next step. If the employee feels it is not appropriate to discuss the matter with his or her Department Manager, the employee should speak with a manager in another department, any NPG Human Resources Administrator, or any Director.

Fair Employment Practices

Equal Employment Opportunity Policy

Northeast Patients Group is committed to equal employment opportunity and does not discriminate against qualified employees or applicants because of race, color, ethnicity, religion, sex, sexual orientation, gender identity, pregnancy, childbirth or related medical conditions, national origin, ancestry, citizenship, age, veteran status, marital status, physical disability, mental disability, political activity or any other characteristic protected by local, state, or federal law.

Equal employment opportunity will be extended to all persons in all aspects of the employer-employee relationship even where not otherwise expressly mentioned in this handbook, including but not limited to recruitment, hiring, upgrading, training, promotion, transfer, discipline, layoff, recall, and termination. NPG policy prohibits harassment of applicants or employees related to these issues.

Reasonable Accommodations for Persons with Disabilities

NPG complies with the Americans with Disabilities Act and applicable state and local laws providing for nondiscrimination in employment against qualified individuals with disabilities.

NPG intends to provide reasonable accommodation in the hiring, placement, and advancement of employees with disabilities, and intends to seek out those with disabilities, who can, with or without reasonable accommodation, perform essential functions of the job. We encourage employees and other sources to recommend for employment individuals with disabilities whom they believe can, with or without reasonable accommodations, perform the job function.

An applicant or employee who believes they need a reasonable accommodation of a disability should discuss the need with his or her supervisor or Human Resources.

Reporting Procedures for EEOC Claims

An employee should address informal complaints related to Equal Employment Opportunity Commission (EEOC) guidelines with their Manager, or a NPG Human Resources Administrator.

Senior management will maintain as much confidentiality as possible while performing a thorough investigation.

Action will be taken as deemed appropriate, including but not limited to disciplinary action or termination.

No employee will be subject to, and the Company prohibits, any form of discipline or retaliation for reporting perceived violations of this policy, pursuing any such claim, or cooperating in any way in the investigation of such claims.

Anti-Harassment Policy

In keeping with the spirit and the intent of federal and state law, NPG strives to provide a comfortable work environment free of discrimination and harassment. NPG strictly prohibits all forms of harassment, including sexual harassment and harassment based on race, color, sex, sexual orientation, religion, national origin, age, religious creed, gender identity, marital status, medical condition, disability, military service, pregnancy, childbirth and related medical conditions, or any other characteristic protected by local, state or federal law. NPG is committed to taking all reasonable steps to prevent harassment from occurring.

Sexual Harassment Defined

"Sexual harassment" means sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

(a) Submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or a basis for employment decisions; or

(b) Such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits, such as favorable reviews, salary increases, promotions, increased benefits, or continued employment, constitutes sexual harassment.

In addition to the above examples, other sexually-oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a workplace environment that is hostile, offensive, intimidating, or humiliating to male or female workers may also constitute sexual harassment. While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct, which may constitute sexual harassment depending upon the totality of the circumstances, including the severity of the conduct and its pervasiveness:

- making unwelcome sexual advances, telling sexually explicit jokes
- making or threatening reprisals after a negative response to sexual advances
- using epithets, or slurs
- making derogatory comments about an employee's body or dress
- making verbal sexual advances or propositions or repeated requests for dates
- leering; making sexual, obscene, or vulgar gestures; or displaying sexually suggestive or derogatory objects, pictures, cartoons, drawings, or posters
- sending sexually explicit e-mails or voicemails
- initiating uninvited touching of a sexual nature
- making unwelcome sexually-related comments
- making conversation about one's own or someone else's sex life
- taking actions or making comments consistently targeted at only one gender, even if the content is not sexual
- teasing or taking other actions directed toward a person because of the person's gender
- touching, assaulting, impeding or blocking movements
- making requests for sexual favors or demands for sexual favors in exchange for favorable treatment

Other Types Of Harassment

NPG also prohibits harassment on the basis of race, color, national origin, religion, gender, physical or mental disability, age, veteran status, sexual orientation or any other characteristic protected by applicable law. Such prohibited harassment includes but is not limited to the following examples of offensive conduct:

- Verbal conduct such as threats, epithets, derogatory comments or slurs.
- Visual conduct such as derogatory posters, photographs, cartoons, drawings, or gestures.
- Written communications containing statements which may be offensive to individuals in a particular protected group, such as racial or ethnic stereotypes or caricatures.
- Physical conduct such as assault, unwanted touching or blocking of normal physical movements.
- Retaliation for making or threatening to make harassment reports to NPG. or for participating in an investigation into harassment allegations.

Any of the above conduct, or other offensive conduct directed at individuals because of their sex, race, color, religion, national origin, pregnancy, age, marital status, disability, military status or any other characteristic protected by law, is prohibited. All such conduct is unacceptable in the workplace and in any work-related settings such as business trips and business-related social functions, regardless of whether the conduct is engaged in by a supervisor, coworker, client, customer, vendor, or other third party.

It is prohibited for males to sexually harass females or other males, and for females to sexually harass males or other females. This policy applies to all employees, applicants, and contractors, including supervisors and non-supervisory employees, as well as vendors, customers, clients, or others who enter our workplace.

Please also refer to the attached Sexual Harassment Brochure from the Department of Fair Employment and Housing.

Reporting Procedure for Protected Classes Harassment

Any employee who believes that they or a coworker have been the victim of harassment has a responsibility to immediately report the incident and the names of the persons involved to a Dispensary Managersupervisor. All incidents reported will be investigated. Harassment cannot be remedied if not reported. Therefore, the employee's immediate reporting and cooperation is crucial. NPG will endeavor to protect the privacy and confidentiality of all parties involved to the extent possible consistent with a thorough investigation.

NPG takes complaints of discrimination and harassment very seriously. Thus, there is no need to follow any formal chain of command when making a report. However, if the employee files a report under this policy and has not received a satisfactory response within five business days, they should immediately contact one of the Directors listed on the Contacts page of this handbook.

Every Dispensary Manager or employee who learns of any employee's concern about conduct in violation of this policy, whether in a formal complaint or informally, must immediately report the issues raised to the Dispensary Manager or to a Director in person, by phone, or by e-mail.

In addition to the above, if you believe you have been subject to harassment or retaliation, you may file a formal complaint with either or both of the government agencies set forth below. Using our complaint process does not prohibit you from filing a complaint with these agencies.

Maine Human Rights Commission
State House, Station 51
Augusta, Maine 04333
207-624-6050

The United States Equal Employment Opportunity Commission ("EEOC")
John F. Kennedy Building – Room 475
Boston, MA 02203
(617) 565-3200

Investigation and Findings

NPG will promptly investigate the facts and circumstances of any claim of harassment. NPG generally will interview the complainant and the alleged harasser; conduct further interviews as necessary; document findings regarding the complaint; document recommended follow-up actions and remedies, if warranted; and inform the complainant and others involved of the findings.

Upon completion of the investigation, any employee, including any supervisor or manager, who is found to have engaged in prohibited harassment is subject to disciplinary action up to and including discharge from employment. An employee who engages in harassment may be held personally liable for monetary damages should a lawsuit be filed. However, if an investigation of a complaint shows that the complaint or information was false, the individual who provided the false information will be subject to disciplinary action, up to and including termination.

Protection Against Retaliation

No employee will be subject to, and the Company prohibits, any form of discipline or retaliation against any employee for reporting, filing, testifying, assisting or participating in any manner in any investigation, proceeding or hearing conducted by NPG or a federal or state enforcement agency. Employees should immediately report any retaliation to a supervisor or DirectorDispensary Manager. Any complaint will be immediately, objectively, and thoroughly investigated in accordance with the investigation procedure outlined above. Anyone, regardless of position or title, whom NPG determines has engaged in conduct that violates this policy against retaliation will be subject to discipline, up to and including termination.

General Work Practices

Employment Classifications

Employment classification is based on an employee's job description and on the nature of the position, consistent with the Fair Labor Standards Act and all applicable Maine laws. Employee classifications determine how an employee is paid, their eligibility for overtime pay, and the benefits to which they are entitled. These classifications are not, nor should they be considered to be, an agreement or contract of employment, express or implied, or a promise of treatment in any particular manner at any given time. An employee is classified as either exempt or non-exempt, based on the position and the type of work performed.

Exempt employees are all those who are classified as exempt from the overtime provisions of the Federal Fair Labor Standards Act and Maine law. Exempt employees shall receive salary pay for the workweek cycle. A salary may be reduced in single-day increments according with the Safe Harbor policy explained below.

Non-exempt employees include all employees who are covered by the overtime provisions of the Federal Fair Labor Standards Act and Maine law. Only non-exempt employees are entitled to receive overtime pay for hours they work in excess of 40 hours in a workweek.

Full-time employees have successfully completed the 60-day introductory period and have accepted employment on a full-time basis, regularly scheduled to work between 32 and 40 hours a week. Full-time employees are eligible for all benefits set forth in this handbook including health, dental, vision, 401(k) retirement plan, and group disability. Benefits will, in some cases, be determined according to the amount of earnings and hours worked, as set forth in existing benefit plans.

Part-time employees have successfully completed the 60-day introductory period and have accepted employment

on a part-time basis. These employees are regularly scheduled to work fewer than 32 hours per week. People regularly scheduled to work fewer than 32 hours per week are eligible only for group disability and any wholly employee-paid benefits.

Temporary and contract employees are hired for specific purposes, usually temporary in nature, and compensation is agreed upon at the time of hire. These employees may not be eligible for benefits of group health or dental insurance coverage or short- or long-term disability.

Employment Eligibility

To conform to government regulations, new employees are required to produce legal evidence of eligibility to work in the United States and to complete an I-9 form within three days of employment.

If the appropriate documentation is not available, application for documents and a receipt of that application from the appropriate government agency is required within three working days of hire. An employee has 90 calendar days to produce the document(s). If the appropriate documentation is not received within that period, employment will be terminated.

New Employee Policies

Orientation (Redacted)

Introductory Period (Redacted)

Time-Related Policies

Workweek

The workweek begins at 12:01 Sunday morning and ends at 12:00 midnight the following Saturday. The workday begins at 12:01 AM each day and runs for 24 hours.

Regular Facility Hours

NPG is open to the public from 10:00 a.m. to 6:00 p.m. every day. These hours may occasionally vary for reasons such as special events or meetings. The Dispensary Managers and/or Scheduling Manager determine employees' workdays based upon the needs of the company.

Employees are expected to arrive thirty minutes prior to opening and to end their shift thirty minutes after closing.

Additionally, there are occasional meetings and trainings that are required for all employees. Both exempt and non-exempt employees will be paid for the time spent at these meetings.

Time Records (Redacted)

Rest Breaks and Meal Periods (Redacted)

Overtime (Redacted)

Staff Scheduling (Redacted)

Attendance and Absenteeism

Dependability, punctuality, and regular attendance are essential at all times to the proper operation of Northeast Patients Group. If an employee expects to be late or absent from work for any reason, it is required that the Dispensary Manager on duty be contacted no later than one hour before the scheduled starting time. This policy applies for each day of absence.

An absence is defined as a failure to report to work as scheduled. When a sick or injured employee cannot come to work, NPG needs notification to cover the job properly.

An employee must inform their Dispensary Manager of each shift that will be missed, including the expected date of return to work. If the return day is uncertain, the Dispensary Manager on duty must be called each day no later than one hour before the beginning of the regularly scheduled shift. If an employee fails to contact a Dispensary Manager for three consecutive workdays, the employee will be considered to have voluntarily resigned.

Excessive absences and failures to report absences on time will lead to disciplinary action, up to and including discharge. Absences are excessive if they occur frequently or show a pattern of abuse and are approved in advance. Absences immediately before or after holidays, days off, and weekends are suspect.

The need for disciplinary action for excessive absences will be evaluated on a case-by-case basis. Mitigating factors such as length of service, work performance, and reasons for the infraction will be considered. To learn more about NPG's performance corrections policy, see the "Employee Relations" section of this manual.

Tardiness

An employee must arrive at the work site and be ready to start work promptly at the beginning of their assigned shift. Work must resume on time after authorized rest and meal periods. Since traffic or weather conditions can cause tardiness, an employee is expected to allow extra time to commute to work, if necessary.

Repeated or excessive tardiness will lead to disciplinary action. Tardiness is excessive if an employee is frequently or unnecessarily late, or if a pattern of tardiness develops.

Each disciplinary action will be determined and implemented by NPG Dispensary ManagersDispensary Manager. This may include oral warnings and periods of probation. Repeat abuses of this policy will result in discharge.

Compensation-Related Policies

Paydays (Redacted)

Employment and Salary Verification (Redacted)

Wage and Salary Increases (Redacted)

Safe Harbor Policy for Exempt Employees (Redacted)

Expenses and Purchases (Redacted)

Tips and Gifts

Employees are prohibited from soliciting or accepting tips or gifts for any service rendered in the course of their duties. This includes tips or gifts from participants, volunteers, coworkers, business contacts, or vendors. Any surplus medicine given or donated to NPG staff members must be evaluated by the Intake Manager, weighed, and entered into the inventory tracking system.

Personnel Records

Changes in Information

In order to keep records of employment up to date, it is the responsibility of employees to notify the Scheduling Manager and the staff Payroll Administrator about changes such as the following:

- Name, address, and telephone number
- Emergency contact person

- Any other pertinent information

An employee has the right to review their own personnel or payroll records in the presence of a Dispensary Manager or designee. A request to do so must be made at least one day in advance of the time requested for the preview, and a Dispensary Manager or HR Administrator will schedule this review. Employees also may obtain copies of their own personnel files. Copies will be provided within 10 days of NPG's receipt of the request. NPG will assume the cost of copying the personnel file one time each calendar year. The costs of all other copies must be paid by the employee.

Confidentiality of Records and Data

Information concerning the personal affairs of participants is confidential. Such information must be communicated in a professional manner by authorized NPG staff for appropriate business purposes only.

Disclosure of patient or staff identities, nature of treatment, or operating practices to outside persons or organizations threatens the privacy of NPG and our clients. Such disclosures can result in discipline including discharge. If you receive a request for information from an outside agency, contact your Department Manager or Dispensary Manager immediately.

Information about NPG and its participants is to be released only by the Board of Directors or authorized staff. Private information regarding employees is not to be given out under any circumstances.

Conflicts of Interest

Employees are not precluded from working another job so long as it does not conflict with the employee's ability to perform effectively or with the mission and activities of the Northeast Patients Group. This means, for example, that the job must not have conflicting hours, require use of NPG's equipment or time, require special modification to the employee's work schedule at NPG, and must not involve activities that might substantially interfere with the operations of NPG. Employees should not take other jobs that will cause them to be too tired to perform their job with NPG effectively.

Employees must inform the Scheduling Manager that they have an outside job. NPG Dispensary Managers have the right to determine what activities are considered a conflict of interest, but this decision is always subject to review by the Board of Directors. Failure to notify may be cause for reduction in hours or grounds for dismissal.

General Confidentiality

Proprietary Information

Employment by NPG creates a relationship of confidence and trust with respect to any confidential information that may be disclosed to employees. Such proprietary information includes but is not limited to trade secrets, marketing plans, product plans, business strategies, financial information, customer lists, client lists, potential client lists, and supplier and vendor contact information.

Proprietary information includes that which is identified by the NPG as confidential, is known by an employee to be confidential, or reasonably should be known by an employee to be confidential. Proprietary information can be included in memos, manuals, letters, computer disks, tapes or other information storage devices, hardware or any other media, document or vehicle, or disseminated verbally. Proprietary information does not include information generally known or that which becomes public through no fault of an employee.

Confidentiality

At all times, both during employment with NPG and after employment, employees must keep all proprietary information in strictest confidence. Current and former employees must not use, retain, disseminate, or disclose any such information without the prior written consent of the Board of Directors, except as may be necessary to

perform duties as an employee of NPG. Upon termination of employment with NPG, employees must promptly deliver to NPG any and all documents and materials of any nature pertaining to work with NPG.

Company Property (Redacted)

Professional Conduct

Solicitations and Distributions

Northeast Patients Group does not allow solicitation, money collection, or sale of merchandise by one employee to another while either employee is on work time, except as explained below. Work time does not include meal and rest periods. **(Redacted)**

Personal Appearance (Redacted)

Attitude and Conduct

NPG strives to provide the very best service in a professional and friendly atmosphere. The manner in which participants, volunteers, visitors and coworkers are treated reflects directly upon the reputation of NPG. Employees are expected to be courteous, friendly and helpful at all times.

Employees should attempt to resolve problems or complaints directly and respectfully with the other party involved. If this is not possible, the issue should be taken to an employee's Department Manager, and, if warranted or desired, written up in an Incident Report form, available in each department. Completed forms should be given to Dispensary Managers and will be used to evaluate and solve these concerns. It is our goal to maintain an attitude that is positive, cheerful, and cooperative.

Dating and Mingling with Clients

NPG is committed to maintaining good work practices and a healthy work environment to provide the best possible client care. We provide services to some clients with medical and emotional conditions that could make them vulnerable to inappropriate relationships with staff members. It is very important to be aware of the legal implications and ramifications of sexual harassment issues in these cases. Staff members must maintain appropriate boundaries.

Many NPG clients face life-threatening or chronic issues. They entrust us to maintain their confidentiality and care. Interpersonal issues threaten this relationship and leave NPG vulnerable to negative community scrutiny.

Incidents or behavior that (1) are illegal, (2) harm patients, (3) result in harm to the professional relationship between staff members and clients with whom they have a personal relationship, (4) that disrupt the harmony of the workplace, or (5) create liability or ill will for NPG may result in disciplinary or legal action including termination.

Technology Policies

Telephones

With the exception of emergencies, personal phone calls and text messaging should take place only during non-working time, such as meal or break periods. Personal use of company telephones for long-distance calls by employees is not allowed except in the case of an emergency. Employees are encouraged to use a telephone calling card to bill calls to their home telephone. Employees must obtain approval from a Dispensary Manager or department supervisor to make an emergency long-distance call using company telephones. The use of cell phones is limited to break periods, and they may never be used at workstations.

Media Devices

Personal media devices with earpieces, such as iPods, iPhones, or other types of devices, should be used only during

non-working time, such as meal or rest periods. These devices should never be used at workstations or in a manner that prevents the employee from hearing emergency radio or other safety calls.

Use of Internet, E-Mail, and Electronic Communications

NPG technology resources are to be used by employees only for the conduct of company business. Employees have no right to privacy with respect to any use of NPG technology resources including but not limited to Internet, e-mail, voice mail, and any other form of electronic communications.

To preserve the integrity of our computer systems, we ask employees to use the Internet and e-mail judiciously and only for business-related needs. The spread of computer viruses can affect NPG's business. For that reason, all access to the Internet must be done through an approved Internet firewall. Never download files from the Internet, accept e-mail attachments from outsiders, or use disks or portable data devices from non-NPG sources, without first scanning the material with NPG-approved virus-checking software. If it is suspected that a virus has been introduced into the NPG system, notify management immediately.

The use of the Internet and e-mail for personal needs is allowed on a limited basis, during breaks and off-work hours, so long as such use does not interfere with the employee's duties and does not conflict with any company policy or company use of the system.

NPG's policy prohibiting all types of harassment applies to the use of electronic communications systems, including Internet access. No one may use electronic communications in a manner that may be construed by others as harassment based on race, national origin, sex, sexual orientation, age, disability, religious beliefs or any other characteristic protected by federal, state or local law. No jokes on these bases should be transmitted over NPG's electronic communications systems.

Employees may request an "@northeastpatientsgroup.org" e-mail address from Dispensary Managers. If the request is granted, an address will be assigned that consists of some combination of the employee's first and last names and/or initials.

Unauthorized access or misuse of these systems is not permitted and may result in disciplinary action up to and including dismissal. NPG e-mail should not be used for personal reasons. Employees with NPG e-mail addresses should be aware that NPG may monitor, review, or access their work e-mail account, and that abuse of the account may be grounds for revoking the employee's account and/or access to NPG's computer systems and other disciplinary action up to and including termination.

Confidentiality of Records and Data

This policy covers all persons working, volunteering or doing business with NPG both during and after employment, volunteering and/or when business with NPG has been completed or terminated. This policy prohibits confidential information from being accessed, disclosed, used or released in any format to or by any person/business that does not have a "need to know" without the proper consent of the individual/participant involved and/or NPG. Confidential information may be contained via any communication medium, including verbal, written, or electronic (e.g. facsimiles, e-mail, voice-mail etc.), all which are subject to the provisions of this policy. It is the responsibility of every NPG employee, contractor, volunteer, or other third party having access to NPG information to follow all of NPG's policies and to safeguard all Confidential Information.

Conduct of Personnel: All individuals are expected to be professional and maintain confidentiality at all times, whether dealing with actual records, projects, or conversations, and abide by the obligations of contractual confidentiality agreements. Situations in violation of this policy include, but are not limited to:

a. "Loose" talk among workers regarding medical information or personal information about any participant or fellow employee.

b. Allowing unauthorized access on NPG computers to confidential participant information, financial data,

confidential research data, or employee personal information.

c. Sharing of information acquired by persons in the course of their work to others who don't have a need to have the information; accessing information that the individual doesn't have the authority to access in the course of their work, or doesn't have a need to know to carry out their job duties.

d. Sharing of information relative to confidential Human Resources matters.

e. Disclosure of patient or staff identities, nature of treatment, or operating practices to outside persons or organizations;

f. Breach of confidentiality obligations regarding the disclosure of confidential information that is subject to a duly signed confidentiality agreement.

f. Discarding confidential documents in non-secured trash. (Secured shredder bins must be used).

Examples of Types of Information to be Protected:

1. Participant Information:

Participant information must not be accessed, removed, discussed with or disclosed to unauthorized persons, either within or outside of the institution, without the proper consent of the patient. All individuals having access to confidential information are bound by strict ethical and legal restrictions on the release of medical data. No individual therefore may disclose to a third party, including his/her own family, information learned from medical records, participant accounts, management information systems, or any other confidential sources during the course of his/her work. No individual may access confidential information that they do not have a need to know to carry out their job duties.

2. Personnel Information:

Employees may not access, release or discuss personal or other information of other employees without proper consent, unless the employee must do so to carry out specific assigned job functions.

3. NPG Information:

NPG information that must be protected includes but is not limited to:

- Ongoing negotiations (labor contracts, leases, purchases)
- Pending litigation and/or investigations
- Information regarding business plans and strategies
- Information that is proprietary, e.g., information that allows NPG to be more competitive in the marketplace.
- Confidential commercial or financial information

This information may not be accessed, removed, altered or disclosed unless NPG management has given proper authorization.

4. Individual Matters:

This includes personnel, medical, and other similar files. Unauthorized access or release, falsification or destruction of such confidential individual records is strictly prohibited.

Safeguarding of Information: Confidential information collected and/or generated within NPG shall be maintained in a manner designed to restrict access to those individuals with a legitimate need to know the information.

Handling of Confidential Information. All individuals who have access to confidential information are prohibited

from using, discussing or revealing such information in any unauthorized manner. Unless such information is required by the individual's NPG-related responsibilities, accessing confidential information is strictly prohibited. For example, individuals may not:

1. Allow or participate in viewing, accessing, downloading, photographing, using or disclosing confidential information for any purpose other than carrying out legitimate job-related responsibilities. This includes information belonging to the individual, other employees, co-workers, family or friends.

2. Shred, destroy, alter, dismantle, disfigure, prevent rightful access to or otherwise interfere with the integrity of any confidential information and/or information resources without appropriate authorization.

3. Communicate confidential information to any other individual or entity if not required to do so for NPG business purposes. This includes sharing information regarding coworkers, family or friends.

Disposal of Confidential Documents: Confidential documents must be disposed of utilizing the designated locked containers for shredding.

Responding to Request for Information: All requests for information from outside agencies must be referred to the Department Manager or Dispensary Manager.

Reporting Breach of Confidentiality: Persons must report violations of this policy. Breaches of patient information must be reported to the Department Manager or Dispensary Manager immediately.

Disciplinary Action for Non-compliance: Violation of this policy is cause for disciplinary action up to and including dismissal.

Staff Development

Training

In order to maintain staff competency and provide for growth and development, in-house training programs will be scheduled. These trainings are mandatory for all staff members, and both exempt and non-exempt employees will be paid for this time.

To the extent possible, employees will be encouraged to attend professional seminars, to use research resources available in the community, and to increase professional knowledge through continuing education resources in the community. This time will be paid only if approved in advance by a Dispensary Manager or Director.

NPG may subscribe to periodicals and purchase books beneficial to our objectives. This information will be available to all staff members and can be consulted when needed. This should only be when not otherwise occupied serving clients and as approved by a supervisor.

Performance Evaluations

We endeavor to evaluate all employees annually. Evaluations will take place in the presence of the employee and are conducted by a Dispensary Manager and the Human Resources Administrator and/or a Department Manager. Evaluation forms should be completed in duplicate, with the employee and Dispensary Manager signing each copy. The employee retains one copy, and the other will be placed in their personnel file. Refusal to sign by an employee must be documented in writing and put in the employee's file.

At NPG, we strive to offer ongoing performance evaluation to all staff members. Dispensary Managers and Department Managers are expected to offer regular informal feedback on issues like job performance and improvement areas. We practice open communication between all staff members to gather ideas and input, both positive and negative.

Additional employee evaluations and probationary evaluations will be performed by the Human Resources

Administrator or Dispensary Managers whenever necessary.

Promotions

As vacancies arise or new positions are added, employees are encouraged to apply for those positions for which they believe they are qualified. Staff members will also be promoted by NPG Dispensary Managers based on an evaluation of performance of job duties, special skills, leadership characteristics, and capacity to assume the increased responsibilities of the position.

Communications

Types of Communications

Good communication is vital for the efficient and effective operation of Northeast Patients Group. Thus, there is a concentrated effort to provide channels of communication at all levels of the organization.

NPG's Dispensary Managers are responsible for keeping employees informed in matters relating to their work and their relationship with the Northeast Patients Group. The employee has the responsibility of communicating to their Department Manager any significant information relating to participant care, NPG security, needed maintenance services, or any other matter that may require attention.

Notices of events or changes that may affect individuals, a department, or the entire facility, are printed in memo form, placed in mailboxes, announced at staff meetings, and may be posted. It is the employee's responsibility to check for important notices. Only material approved by the Department Manager or Dispensary Manager may be distributed or posted.

Mandatory Staff Meetings (Redacted)

Lost and Found (Redacted)

Health and Safety

General Health and Safety

Employees are expected to take an active interest in preserving and protecting NPG's physical equipment. Each employee is asked to report promptly to their supervisor any needed maintenance services in order to avoid possible injury or further deterioration or damage. Read the attached Injury and Illness Prevention Policy for more information about this policy.

Security

It is NPG's policy to do whatever is necessary to safeguard participants, employees, volunteers, visitors and facilities. For this purpose, we employ an experienced in-house security team.

An employee of NPG should be quick to report to a supervisor or Dispensary Manager any suspicious persons or circumstances. Also, observing the rules and regulations of the various departments and maintaining the proper security of NPG property is important.

In case of an emergency, such as fire, health issues, or concern about crime, always call 911 immediately or, when appropriate, push an emergency panic button to notify the local Police Department. Ask your DispensaryManager to show you the location of the panic buttons.

Safety

In addition to basic safety orientation, and keeping current with new NPG policies, each employee can contribute to

NPG's safety efforts by:

- immediately calling 911 if someone loses consciousness or has a medical emergency
- reporting potential hazards to a supervisor
- immediately reporting accidents and injuries to a supervisor or Dispensary Manager
- caring properly for equipment
- keeping work areas organized
- being generally alert and careful on the job

Fire Safety

Each employee is expected to know their responsibilities as defined in the Fire and Emergency Plan, including how to use the fire extinguishers and how to report a fire. Fire drills will be held at regular intervals. The Fire and Emergency Plan is site-specific and is included at the back of this handbook.

Prevent fire hazards by:

- immediately reporting accumulation of combustible materials, faulty connections or other hazards to a supervisor
- knowing the location of the nearest fire alarm, fire extinguisher, telephone, and fire exit
- in case of fire in the work area, notify a supervisor, fellow employee, or Dispensary Manager
- immediately calling 911 in case of emergency
- being alert for fire hazards
- carrying out your designated responsibilities

Reporting Accidents

If an on-site injury or illness does occur to an employee, visitor, or client, regardless of how minor its severity, it must be reported immediately to a supervisor or to a Dispensary Manager to receive prompt evaluation and to obtain medical attention, if necessary. The injured employee and Dispensary Manager must complete an accident report.

If an employee suffers any accident or is exposed to a communicable disease, they should report immediately to a supervisor and a Dispensary Manager.

If a work related injury requires medical attention beyond first aid, or if work is missed for more than one day due to the injury, a supervisor will complete a First Report of Injury (FRIO) form within seven days of the injury, and file it with the Workers' Compensation Board as appropriate.

Emergency Plan

A disaster is any situation, usually catastrophic in nature, in which people are rendered helpless or are injured and in need of immediate medical care. NPG must be ready to meet this need at all times. It is important that all employees are available, and report for duty according to need. This may include remaining at NPG for a period of time longer than the normally scheduled workday.

Smoking in the Workplace

In consideration of the health and safety of all our staff members, we maintain a tobacco-free workplace. Smoking tobacco is only permitted in the designated smoking area outside of NPG's building.

Violence-Free Workplace

Northeast Patients Group is committed to providing a safe, violence-free workplace. NPG strictly prohibits employees, consultants, visitors, clients, and anyone else (regardless of whether the individual was uninvited or

invited to a NPG-related activity) on the NPG premises from behaving in a violent or threatening manner. For purposes of this policy, a threat includes any verbal or physical harassment or abuse, attempts to intimidate or to instill fear in others, menacing gestures, bringing weapons to the workplace, stalking, or any other hostile, aggressive, injurious or destructive actions undertaken for the purpose of domination or intimidation.

In situations where an employee becomes aware of an imminent act of violence, a threat of imminent violence, or actual violence, emergency assistance must be sought immediately. In such situations, the employee should consider immediately contacting law enforcement by dialing 911. All incidents reported to NPG will be taken seriously and will be addressed appropriately.

No employee will be subject to retaliation, intimidation, or discipline as a result of reporting a threat under this policy. If an investigation confirms that threat of a violent act or violence itself has occurred, NPG will take appropriate corrective action. Violation of NPG's violence-free workplace policy will result in disciplinary action up to and including immediate dismissal.

Lactation Accommodation

NPG will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child. The break time, if possible, must run concurrently with rest and meal periods already provided to the employee. If the break time cannot run concurrently with rest and meal periods already provided to the employee, the break time will be unpaid.

NPG will make reasonable efforts to provide employees with the use of a room or location other than a bathroom for the employee to express milk in private. NPG may not be able to provide additional break time if doing so would seriously disrupt operations. Please speak to the Human Resources Administrator if you have questions regarding this policy.

Drug and Alcohol Free Workplace Policy

It is NPG's intent to provide a healthful, safe, and secure workplace. All employees must observe these basic requirements:

- Employees are not to report to work under the influence of alcohol or illegal drugs.
- Employees will not possess, use, manufacture, sell or distribute illegal substances in the workplace or while conducting NPG business.

Violation of the above policy will result in disciplinary action up to and including immediate dismissal.

The lawful use of controlled substances prescribed to you by a licensed physician, or those that are available over the counter, is not prohibited by this policy. However, if a physician has prescribed medication that requires any accommodation, please notify your supervisor, a Dispensary Manager, or the NPG Human Resources Administrator to discuss what accommodations are necessary.

Employee Relations

Open Communication (Redacted)

Standards of Conduct General Policy (Redacted)

Employee Responsibility

It is the duty and the responsibility of every employee to be aware of and abide by existing rules and regulations.

It is also the responsibility of the employee to perform his/her duties to the best of his/her ability and to the standards as set forth in his/her job description or as otherwise established. Employees are encouraged to take

advantage of all learning opportunities available and request additional instruction when needed.

Responsibilities of Supervisors, Managers, and Directors

The immediate Department Manager, Dispensary Manager, or Director must approach corrective measures in an objective manner. If the employee's performance of an assigned task is the issue, the supervisor, manager or director should generally look to see that proper instructions, appropriate orientation and training have been given and that the employee is aware of the job expectations. Not only single incidents, but also patterns of poor performance should be of concern as these are indicative of overall performance. If misconduct is the issue, the Department Manager, Dispensary Manager, or Director should take steps to make sure that the employee has been made aware of the company's policies and regulations regarding the infraction. If in either case appropriate instruction or information was not communicated, a plan for such communication should be immediately developed and reviewed with the employee.

Employee Conduct

NPG supports the use of progressive discipline to address conduct issues such as poor work performance or misconduct and to encourage employees to become more productive workers and conform their behavior to company standards and expectations. Generally, a supervisor gives a warning to an employee to explain behavior that the supervisor has found unacceptable.

There are two types of warning, verbal and written.

A verbal warning is when a supervisor verbally counsels an employee about an issue of concern. A written record of the discussion, noting the date, event and recommended action, is usually placed in the employee's file for future reference.

Written warnings are used for behavior or violations which a supervisor considers serious or where a verbal warning has not helped to change unacceptable behavior. An employee should recognize the grave nature of the written warning.

Whenever an employee has been involved in a disciplinary situation that has not been readily resolved or when he/she has demonstrated an inability to perform assigned work responsibilities efficiently, the Department Manager, in consultation with a Dispensary Manager and the Human Resources Administrator or designee, may place the employee on a performance improvement plan. This status will last for a predetermined amount of time not to exceed 90 days. Within this time period, the employee must demonstrate a willingness and ability to meet and maintain the conduct and/or work requirements as specified by the supervisor and the organization. At the end of the performance improvement period, the employee will either be returned to regular employee status or, if established goals are not met, dismissal may occur.

NPG reserves the right to administer appropriate disciplinary action for all forms of disruptive and/or inappropriate behavior. Each situation will be dealt with on an individual basis.

NPG has established general guidelines to govern the conduct of its employees. No list of rules can include all instances of conduct that can result in discipline, and the examples below do not replace sound judgment or common-sense behavior. Examples of employee conduct that would lead to discipline and the usual course of disciplinary action have been separated into three groups, according to the severity and impact of the infraction. Different violations may be handled differently depending on the group they are in. On the other hand, NPG reserves the right to determine the appropriate level of discipline for any inappropriate conduct, including but not limited to demotion, oral and written warnings, suspension with or without pay and discharge. Because of requirements of the Fair Labor Standards Act (FLSA), exempt employees should not be suspended without pay for less than a week.

Group 1: Documented Verbal Warning on First Offense

- Creating conflict with coworkers, supervisors, patients, visitors or volunteers

- Failing to follow hygiene practices as needed for the specific job assignment
- Contributing to unsanitary or unsafe conditions
- Smoking in non-smoking areas
- Leaving the assigned work area or facility without the supervisor's permission
- Loitering or loafing while on duty
- Using facility telephones for unauthorized purposes
- Disregarding the organization's dress code
- Damaging or using organization-owned equipment without authorization
- Abusing lunch and break periods
- Violating other rules or policies not specifically listed

Group 2: Written Warning on First Offense

- Failing to report injuries, damage to or an accident involving company equipment
- Violating any safety rule
- Negligence
- Horseplay that results in personal injury or equipment damage
- Spreading malicious rumors
- Engaging in vulgar or abusive language or conduct toward others
- Copying facility documents for personal use
- Using facility communication systems inappropriately
- Treating customers or coworkers in a discourteous, inattentive or unprofessional manner
- Quitting early without notification or permission
- Being absent for less than three days without notification or permission
- Not following department guidelines concerning notification of absenteeism

Group 3: Dismissal on First Offense

- Dismissal is an immediate termination of employee for serious breaches of responsibility, unsatisfactory performance, or misconduct. A Dispensary Manager may impose dismissal after consultation with a Director.
- Being absent for three or more days without notification or permission (also referred to as a voluntary quit or job abandonment)
- Being dishonest, including but not limited to deception, fraud, lying, cheating or theft
- Fighting
- Demonstrating insubordination, including but not limited to:
    - Refusal to do an assigned job
    - Refusal to render assistance
    - Refusal to accept holiday work when assigned
    - Insolent response to a work order
    - Purposeful delay in carrying out an assignment
- Sabotaging the facility, grounds, or equipment
- Falsifying company records, such as employment applications and time cards, in any way
- Engaging in indecent behavior
- Possessing, using/consuming or being under the influence of alcohol or illegal substances while on the job
- Sleeping while on duty
- Carrying a weapon on company property, including the parking lot
- Disclosing confidential records or information (facility, employee, or patient)
- Soliciting gifts or tips from business-related contracts
- Using the facility's computer systems, including accessing confidential computer files and data, without authorization
- Demonstrating gross misconduct or other serious violations of NPG's policies or procedures

Problem Resolution

Occasionally, an employee may identify a job-related problem, have questions, or wish to issue a complaint. Under most conditions, the employee will be able to resolve the problem directly with the coworker, patient, or visitor involved, using polite and professional communication including active listening and respectful discussion. The simplest, quickest, and most satisfactory solution often will be reached at this level.

In the event that a problem cannot be resolved directly, an employee should discuss it with their Department Manager or Dispensary Manager. These supervisors know more about each employee and their job than any other member of management does. An employee may ask a coworker or other supervisor to be present at a complaint discussion with any level of management. Supervisors will need details about the nature of the situation, including names of others involved, dates, written documentation if any, and the employee's expectations for an appropriate solution.

When the issue personally involves an employee's supervisor, or if the employee wishes to have a problem addressed in confidence, they may bypass the supervisor and proceed directly to a Dispensary Manager, or to a Human Resources Administrator. If the discussion with an employee's immediate supervisor does not answer the question or resolve the matter to their satisfaction, the employee is encouraged to contact a Dispensary Manager either in person or in writing.

Any supervisor who receives notice of a problem is responsible for helping the employee resolve their complaints within two weeks (10 business days) of first notice, with the goal of arriving at a prompt, equitable solution.

When the dispute is with a Dispensary Manager, employees should notify an HR Administrator, a Dispensary Manager, or a Director. These parties may also ask the employee to prepare a written complaint and submit it for consideration by the Board of Directors. This team will investigate the issue, or designate a representative to investigate, with the intention of resolving the conflict in a just and prompt manner. This team will respond in writing to a complaint regarding a Dispensary Manager within two weeks (10 business days). The decision of this committee is final.

Employee Benefits

Introduction

This section of the handbook provides brief summaries of some of the employee benefits sponsored by NPG. More detailed information regarding many of these benefits is contained in plan booklets, group insurance policies, and the organization's official plan documents. While this section attempts to present a general overview of the benefits provided, this handbook does not describe all of the exclusions, limitations or conditions of the benefits described. If there is any real or apparent conflict between the brief summaries presented here, and the terms, conditions or limitations of the official plan documents, the provisions of the official plan documents will apply over these brief summaries. Employees are encouraged to review the official plan documents for further information.

In addition, while it is our present intention to continue these benefits, NPG reserves the right, whether in an individual case or more generally, to modify, curtail, or reduce any benefit, in whole or in part, with or without notice. Finally, neither the benefits nor their descriptions are intended to create any guarantees regarding employment or continued employment. As noted elsewhere in this handbook, employment relationships are for an indefinite term and are terminable at will, either at the option of the employee or NPG.

Discretionary Benefits (Redacted)

Employee Assistance Program

All NPG employees are encouraged to take advantage of the Employee Assistance Program (EAP), offered through Unum. This benefit is provided to all staff at no cost to the employee. Through the EAP, employees can access unlimited free telephone services such as financial, legal and personal counseling to assist them through difficult times. The EAP also allows up to three free face-to-face meetings with a counselor. For more information, visit the

detailed EAP section of this handbook.

Holidays

NPG will be closed for the following holidays:

- January 1—New Years Day
- July 4—Independence Day
- November—Thanksgiving Day
- December 25—Christmas Day

This time off is unpaid. NPG may be closed additional days for other holidays, staff trainings, and facility repairs.

Vacation Policy (Redacted)

Leaves of Absence

NPG expressly prohibits any discriminatory application or enforcement of its rules and procedures pertaining to leaves of absence, on the basis of any protected classifications as provided under Maine or federal law.

Medical Leaves of Absence (Redacted)

Sick Leave (Redacted)

Funeral Leave (Redacted)

Jury Duty and Witness Leave Time (Redacted)

Voting Time (Redacted)

Unpaid Personal Leave (Redacted)

Pregnancy Disability Leave (Redacted)

Rehabilitation Leave

We are committed to providing assistance to our employees to overcome substance abuse problems. Our Company will reasonably accommodate any employee who wishes to voluntarily enter and participate in an alcohol or drug rehabilitation program. This accommodation may include an adjusted work schedule or time off without pay, provided the accommodation does not impose an undue hardship on the Company. However, additional benefits will not be earned during the unpaid portion of the leave of absence. A leave of absence under this policy will be subject to the same provisions and rules as apply to medical leaves of absence, and, when applicable, the provisions of NPG's substance abuse testing policy. The Company will attempt to safeguard the privacy of an employee's participation in a rehabilitation program.

You should notify a Dispensary Manager or a NPG Human Resources Administrator if you need to request an accommodation under this policy.

Military Leave (Redacted)

Time Off for Victim of Domestic Violence or Sexual Assault (Redacted)

Benefits During Leaves (Redacted)

Ending Employment

Termination

The end of an employee's employment relationship with NPG may occur for any or no reason (see At-Will Employment Status section above). In all possible cases, part of this transition will include an exit interview and discussion about benefits due to the employee, return of all NPG property, including radios, and information about issuance of the employee's final paycheck.

Resignation

NPG will consider that an employee has voluntarily terminated employment if they do any of the following:

- resigns from Northeast Patients Group (two weeks advance notice is requested)
- does not return from an approved leave of absence on the date specified by NPG
- fails to report to work and fails to contact a Dispensary Manager for three or more days in a row

Discharge

Violations of state or federal laws, violations of NPG standards of conduct, falsification of information in an employee's job application process, excessive absences, tardiness, or failure to perform the job satisfactorily may subject the employee to discipline, up to and including immediate discharge from employment. **(Redacted)**

Termination Checkout

Before termination, an employee should take care of the following items:

1. Notify their supervisor or a Dispensary Manager, in writing, of their intention to terminate.

2. Complete necessary forms for terminating insurance benefits, and make an appointment for an exit interview with a Dispensary Manager. All participating employees upon termination for reasons other than misconduct are eligible for health benefit continuation as specified in the COBRA legislation. Details are available upon request.

3. Pay or arrange with the Payroll Manager to clear any outstanding accounts with NPG.

4. Return any NPG keys, property and confidential information to one's supervisor.

Termination Interview

A Dispensary Manager or designee may interview an employee terminating service with NPG. The purpose of this visit is to provide an opportunity to express observations for improvements in the employee's department or NPG. This is also time to turn in a final timecard of hours worked.

Conclusion

In choosing to be a part of NPG, you are joining a special team of dedicated people who are engaged in a very special mission of service. We look forward to an exciting and fulfilling future together.

Acknowledgement of Receipt

I have received a copy of the NPG Employee Handbook and have read it or have had it read to me carefully. I understand all of its rules, policies, terms and conditions, and agree to abide by them, realizing that failure to do so may result in disciplinary action and/or termination. I understand and agree that my employment is terminable at will, which means that both Northeast Patients Group and I remain free to choose to end our work relationship at any time, with or without notice and with or without reason or cause. No words or actions of NPG will be deemed to create an express or implied contract of employment or require NPG to have good cause for terminating my employment. No NPG representative is empowered or authorized to modify this at-will relationship other than the

Board of Directors.

I understand that nothing in this handbook in any way creates an express or implied contract of employment between NPG and me but rather is intended to foster a better working atmosphere while the employee/employer's relationship exists.

I also understand that NPG reserves the right at all times to modify, supplement, rescind or revise the policies and benefits contained in this handbook from time to time in its sole discretion, except as required by law and except for the rights of the parties to terminate employment at will, which may be modified only by an express written agreement signed by both me and the Board of Directors of NPG.

_____ _____

Employee's Signature Date

_____

Employee's Printed Name

_____ _____

Dispensary Manager's Signature Date

Sample Job Description

Below is a sample NPG job description for the position of Patient Services Generalist. NPG's Human Resources files contain similar complete job descriptions for all positions we have or are likely to need in the first five years of our operation.

PATIENT SERVICES GENERALIST

PLEASE READ BOTH PAGES OF THIS JOB DESCRIPTION CAREFULLY BEFORE COMPLETING AN APPLICATION.

Northeast Patients Group (NPG) provides the finest affordable medical cannabis and holistic health services. We create and maintain the standards of excellence for medical cannabis as we foster a compassionate community that advances knowledge and inspires action.

As a Patient Services Generalist you will play a central role in creating a welcoming experience for our patients. For all of our staff positions, we are looking for individuals who can provide consistently professional service to patients, demonstrate respect and support for fellow staff members, and acquire expert knowledge about cannabis and its medicinal applications.

Key Responsibilities

- Welcoming and connecting with each patient and providing education and guidance for selecting medicines or other items, displaying a "patients come first" attitude
- Identify signs of substance abuse or dependence
- Understand and comply with reporting procedures for clients with possible substance abuse/dependence
- Preventing abuse and diversion by complying with dispensary standards
- Complying with standards for presenting, handling, and storing the product
- Continually developing knowledge of medical cannabis and patients' needs
- Following proper cash handling procedures, using the cash register and POS system
- Following health, safety and sanitation guidelines for all products
- Assisting with set up, clean up, stock work and handling of products
- Maintaining knowledge of current inventory, payment and exchange policies, and security practices
- Maintaining sales records
- Monitoring, preventing and handling security risks and theft
- Providing information about laws and current events related to medical cannabis
- Describe and explain use, operation and care of merchandise or medicine to patients and caregivers
- Acting with integrity, honesty and respect

Required Knowledge, Skills and Abilities

- Knowledge of basic math calculations and weights & measures
- Knowledge of cash register operation
- Knowledge of basic computer functions (PC platform, POS system)
- Knowledge of basic food preparation
- Verbal communication and active listening skills
- Attention to detail and ability to focus
- Basic reading comprehension and writing skills
- Problem-solving skills
- Ability to interact flexibly with patients and staff members
- Ability to remain calm during periods of high demand or unusual events
- Able to work scheduled shifts and arrive for work on time
- Ability to learn quickly about medicines, patient needs, and legal issues
- Ability to stand and walk for up to four hours
- Ability to bend, kneel, reach and lift up to 50 lbs.
- Ability to distinguish, with a degree of accuracy, differences or similarities in intensity or quality of odors; no cannabis allergies

Work Environment

This position requires frequent face-to-face communication with others in an environment where noise levels are sometimes potentially distracting

Qualifications
Customer service/health care/retail experience (2 years)
High School Diploma/GED
Cash handling experience
Passion for service and responsiveness

Working at NPG
Competitive wages
Medical, dental, vision benefits
401(k) after one year of employment
Education and training to support your development

NPG is a values-driven company and an equal opportunity employer.
We search for staff members who can commit to the values of leadership, compassion, integrity, service and community.

NPG hopes that this sample of our personnel policies and procedures illustrates our commitment to the highest standards in patient services. We also employ detailed Training Manuals, samples of which are included in the Appendix to this application.

Appendix E- 1.1 shows the Table of Contents from our Dispensary Staff Training Manual.

Appendix E -2.1 shows the Table of Contents from our Cultivation Staff Training Manual.

Complete copies of these documents will be provided to the Department of Health and Human Services upon request.

Schedule E-2 - Growing and Cultivation

Our cultivation facility is a 300' x 100' steel-walled warehouse which will be protected by an extensive array of security features, including all-weather cameras, motion sensors, internal cameras, remote viewing through secured wireless network with administrative password access, panic buttons and pendants, silent and audible intrusion alarms, and a fire detection and alert system. Each of these systems will exceed state requirements for sites where pharmaceuticals are stored or dispensed. Our proprietary processes include OSHA-compliant safety protocols.

While the building is visible from the street, the cultivation area is not, nor will it be easily accessible once inside the building. No exterior signage will indicate the building's use or its affiliation with NPG.

NPG's cultivation staff will use best-practices, replicable techniques to grow medical cannabis so that our clients have access to a consistent supply of safe, effective medicine. **Appendix E-2.1** shows the Table of Contents of our Cultivation Staff Training Manual. NPG patients will be able to choose from over 20 strains, both hydroponic and soil grown. These strains are:

Barney's Farm Seed Company

Red Cherry Berry. Analysis*: THC: 14% CBD: 1.2%. Indica dominant hybrid. Flowering time: 65-75 days.
Application: daytime pain relief, depression

Night Shade. Analysis*: THC: 22% CBD: 1.2%. Indica dominant hybrid. Flowering time: 55-65 days.
Application: strong pain relief

Sweet Tooth. Analysis*: THC: 22% CBD: 1.1%. Indica dominant hybrid. Flowering time: 65-75 days.
Application: daytime pain relief, depression, appetite stimulation

Crimea Blue. Analysis*: THC: 18% CBD: 1.2%. Indica dominant hybrid. Flowering time: 55-65 days.
Application: daytime pain relief, appetite stimulation
**note: analysis provided by Barney's Farm Seed Company*

Strains developed by DNA Genetics

Lemon Skunk. Analysis not available. 60% sativa 40% indica. Flowering time: 55-65 days.
Application: appetite stimulation

Chocolope. Analysis not available. 95% sativa 5%indica. Flowering time: 65-75 days.
Application: appetite stimulation, depression

LA Confidential. Analysis not available. Pure indica. Flowering time: 50-60 days.
Application: strong pain relief, insomnia

Sourlope. Analysis not available. Sativa dominant hybrid. Flowering time: 55-65 days.
Application: appetite stimulation

Pondo. Analysis not available. Pure sativa. Flowering time: 70-80 days.
Application: appetite stimulation, depression

Strains developed by Kiwi Seeds

Kiwi Skunk. Analysis not available. Hybrid. Flowering time: 50-60 days.
Application: daytime pain relief, appetite stimulation

Strains developed by Homegrown Fantaseeds

Jack Herer. Analysis not available. Hybrid. Flowering time: 55-65 days.
Application: daytime pain relief, appetite stimulation, depression

Stains developed by Greenhouse Seed Company

Super Silver Haze. Analysis*: THC: 18.67% CBD: 1.08% CBG: 1.95%. 85% sativa 15% indica. Flowering time: 50-60 days.
Application: daytime pain (particularly migraine and PMS), glaucoma, nausea

Trainwreck. Analysis*: THC: 19.34% CBD: 0.94% CBG: 1.01%. Sativa dominant hybrid. Flowering time: 50-60.
Application: appetite stimulation, mild in effect, perfect for daily use and low tolerance patients

Great White Shark. Analysis*: THC: 14.85% CBD: 0.22% CBG: 0.36%. Hybrid. Flowering time: 60-70 days.
Application: strong pain relief, insomnia
**note: analysis provided by Greenhouse Seed Company*

Other Strains

New England Ocean Grown (O.G.) Kush. Analysis not available. Indica dominant hybrid. Flowering time: 50-60 days.
Application: pain relief, insomnia

Cheese. Analysis not available. Hybrid. Flowering time: 60-70 days.
Application: daytime pain relief, appetite stimulation

Ocean Grown (O.G.) Kush. Analysis not available. Indica dominant hybrid. Flowering time: 50-60 days.
Application: strong pain relief, migraine, insomnia

Ogre. Analysis not available. Indica dominant hybrid. Flowering time: 50-60 days.
Application: pain relief, appetite stimulation

Mr. Nice. Analysis not available. Indica dominant hybrid. Flowering time: 55-65 days.
Application: fast acting pain relief

Grand Daddy Purple. Analysis not available. Pure indica.Flowering time: 50-60 days.
Application: consistent and sustained pain relief, appetite stimulation (perfect for cancer patients)

Strains existing in seed form available for research and development

- Diablo Sage
- Lemonberry
- O.G. x New England O.G.*
- Crimea Blue x New England O.G.*
- Lemonberry x Lemon Skunk*
- Kiwi Skunk x Sourlope*
- Pondo x Lemonberry*
- Pondo x Lemon Skunk*
- Jack Herer x Sourlope*
- Crimea Blue x Sourlope*
- Night Shade x Lemon Skunk*
- Sweet Tooth x Lemon Skunk

*note: these strains have been genetically crossed using the natural process of introducing the female flower to pollen produced by the male plant.

Recent research into active components of cannabis provides a spectrum of understanding beyond the traditional sativa/indica dichotomy. Tetrahydrocannabinol (THC) is only one component of this medicine, along with cannabinoid molecules such as cannabidiol (CBD), cannabinol (CBN), and many others. The effects and interactions of these components, combined with the individual metabolism of the patient and the means of ingestion, provide a ripe field for scientific research. NPG is well positioned to play a significant role in this still-unfolding research about these interactions and their implications for the use of cannabis in medical/therapeutic treatments.

Cannabis grown by or donated to NPG will be inspected using digital magnifying scopes and an array of organoleptic standards similar to those used in the dried tea industry. Cultivation technicians will be trained to identify and remedy a variety of potential problems. NPG uses a proprietary inventory tracking system that exceeds state requirements for identifying information about each specific plant from its origins, through the processing phase, and to the patient. (See also Schedule E-3.) Upon request patients will be able to review a detailed history of the medicine they receive from NPG.

NPG has formulated the following start-up table for cultivation with the goal of serving patients as swiftly as possible after licensing.

Timeline and Tasks	*Category*
Present date (June 25, 2010) to Decision Date	
Continue due diligence in regard to obtaining local business license as well as planning and zoning approval.	*Approvals*
Prepare design and blueprint for the necessary build out and modification of facility.	*Facility*
Source equipment and materials necessary to the infrastructure of the facility, including building material, security equipment, growing equipment, etc.	*Equipment*
Continue to develop relationships with local contractors and service providers to be employed in the effort to build the facility infrastructure.	*Facility*
Decision date (July 9, 2010) until end of July 2010	
Receive license from State of Maine DHHS.	*Approvals*
Secure facility with landlord	*Facility*
Approach local municipality with DHHS license to operate and complete planning and zoning process.	*Approvals*
Procure necessary equipment and building materials for the cultivation facility. Installation of appropriate security system.	*Equipment*
Appropriate member of NPG team starts plants to become "mothers" which will be the source of clones necessary to supply the flowering sector of the cultivation operation. The number of clones to be produced will be a product of the projected patient base as it develops over the next 4 weeks. (At no time will NPG possess more than 12 marijuana plants before patients register with us.)	*Cultivation*
Identify staff members for cultivation team; begin application screening process.	*Staffing*
Fine-tune training material for education process for potential employees.	*Education*
First week of August 2010	
Receive necessary local approval to operate cultivation facility.	*Approvals*
Begin build-out of facility, starting with a suitable vegetative growth area, this will take only a few days.	*Facility*
Begin official training regimen for the new employees of NPG cultivation facility.	*Training*
Move the now three week old "mother" plants to the designated vegetative growth area and produce the appropriate number of clones for production. *This process will be defined in the NPG cultivation operations manual (COM)*	*Cultivation*

Second week of August 2010	
Continue build out of facility, i.e. construction of interior walls as designed, installation of the electrical infrastructure, installation of appropriate water supply and drainage infrastructure, installation of appropriate climate and atmospheric control.	*Facility*
Monitoring of plants and preparation of future cultivation activities.	*Cultivation*
Continue employee training regimen.	*Training*
Third week of August 2010	
Complete construction of cultivation Facility.	*Facility*
Continue employee training as necessary.	*Training*
Transplant now rooted clones into appropriate grow containers and begin their vegetative growth process. *This process will be described in the NPG COM.*	*Cultivation*
Employ "mother" plants to produce clones for the next cycle of production. This process will now be perpetual, *as defined in the NPG COM*, in order to sustain a consistent supply of cannabis.	*Cultivation*
End of August 2010	
Continue employee training.	*Training*
Necessary care and maintenance of plants in vegetative state, as defined in the NPG COM.	*Cultivation*
First week of September	
Continue employee training.	*Training*
Move plants from designated vegetative growth area to designated flowering growth area. Begin flowering growth cycle, this process is *defined in the NPG COM.*	*Cultivation*
Clean and sterilize designated vegetative growth area. This is a process will be repeated at this stage of the growth cycle perpetually, *as defined in the NPG COM.*	*Cultivation*
Move now rooted clones, taken in week three of August into designated vegetative growth area to begin their vegetative growth cycle. This process will now be perpetual *as defined in the NPG COM.*	*Cultivation*
Second week of September 2010	
Continued employee training.	*Training*
Appropriate plant maintenance in all designated growth phase areas, i.e. sustained "mother" growth area, clone propagation area, vegetative growth area and flowering area, *as defined in the NPG COM.*	*Cultivation*
Appropriate facility cleaning and sterilization efforts.	*Facility*
Appropriate management of facility (security, employees, cultivation)	*All.*
By End of October 2010	
Harvest now mature plants in designated flowering growth phase area.	*Cultivation*
Dry and process the now finished cannabis.	*Cultivation*
Package the dry and processed cannabis (*according to NPG policy*).	*Cultivation*
First of November	
Deliver the dry and processed cannabis to dispensary location, prepared for patient consumption (*according to NPG policy*).	*Cultivation*

Organic Processes: NPG has employed a director of cultivation operations (DCO) with ten years of experience researching a variety of cannabis cultivation techniques. NPG in cooperation with its DCO have developed a comprehensive cultivation operations manual (COM). The contents of this manual will facilitate the efficient and thorough training of all staff involved in the NPG cultivation operation, including detailed procedure to ensure successful production of organic cannabis of the highest quality, purity and consistency.

NPG's DCO also has a long standing personal and professional relationship with Matthew Cohen, director of **Northstone Organics**, one of the nation's leaders in developing organic cultivation of medical cannabis. The exchange of intellectual materials that this relationship has fostered furthers the ability of NPG to remain aware of all organic gardening techniques as they progress. **Appendix E-2.2** is a letter of reference from Mr. Cohen, attesting to the ability of NPG to use these techniques in Maine.

NPG is also in communication with Bedrocan International, which produces medical cannabis for the pharmacy-based medical marijuana program in The Netherlands. **Appendix E-2.3** is a letter of reference from Bedrocan which indicates their interest in pursuing research and development opportunities with us in Maine, should NPG be awarded one of the dispensary licenses here.

While cannabis cannot be designated organic under federal standards, NPG takes a strong stance against the use of non- organic pesticides and commits to organic growing methods in compliance with Criteria 2, Measure 2. NPG would like to pursue partnerships with the Department of Agriculture to advance best practices in all aspects of medical cannabis cultivation.

Consistency of Quality/Purity: To achieve consistency in quality and purity the NPG COM will include procedures to accommodate for weak plants, disease prevention, appropriate climate and atmospheric conditions, appropriate watering cycles, ideal feeding regiments, ideal medium conditions (temperature, oxygen levels, pH, pest and disease monitoring). Outlined in the NPG COM is a procedure in which all of these conditions, techniques and principles are monitored daily and thoroughly.

Weak plants will be accommodated for by following a formula maintain an appropriate quantity of clones to undergo a selection process in which only the healthiest plants will be used in the flowering stage.

Disease prevention will be provided by a number of processes. Included in these will be isolated storage and sources of feeding water so that no more than 25% of the plants in any zone will receive the same feeding solution, this allowing for quarantine of root disease and pests. Areas designated for all stages of growth will undergo regular cleaning and sterilization procedures. In addition, all plants will undergo regular manual inspection.

The climate and atmospheric conditions are defined in the NPG COM and are dynamic to accommodate for varying strain requirements and varying cultivation techniques. These conditions will be controlled by state of the art equipment designed to control levels of temperature, humidity and co2 concentration. All of these conditions will be monitored by trained staff members daily.

Watering cycles are defined in the NPG COM and were developed by years of experience. All watering cycles will be controlled by electronically timed pumps. These pumps will be monitored for proper performance by staff members daily.

Feeding regiments, including: frequency, temperature, pH and electrical conductivity levels were also developed from years of experience. They as well are dynamic to accommodate for strain specific requirements and varying cultivation techniques. This process will be subject to both electronic as well as manual monitoring performed by staff.

Again, ideal medium conditions have been defined by years of experience and are defined in the NPG COM. These conditions will also undergo regular electronic and manual inspection.

Disaster Prevention, Response, Recovery: Many of the elements of NPG's COM regarding disaster prevention are redundant in that they are already described in the procedure to sustain quality, purity and consistency.

In addition to the previously stated preventative efforts, the overall model for cultivation defined in the NPG COM lends itself to a natural line of defense against disaster, such as: disease, pests, molds and mildews, equipment failures and natural disaster caused problems.

The NPG cultivation facility model is a compartmentalized zone growth facility. With this model, once the facility reaches its full production potential, only a small percentage of plants in the flowering stage will be contained in same zone. Similar zones will apply to plants in the vegetative stage and to those in the "mother" stage. (A "mother" plant stays in the vegetative growth stage and produces plant materials for clone production) Also, as previously described, no more than 25% of the plants in any zone share a source of feeding water. This model allows for isolation and quarantine of infected plants. There is a procedure defined in the NPG COM to accommodate for loss of plants at any stage that provides for a much reduced impact on the productivity of the facility, at most stages reducing the effect to little or none.

Each zone includes processes which accommodate for mechanical failure in the infrastructure resulting in only one zone being affected. As a preventative procedure, all mechanical elements of the infrastructure undergo routine manual inspection, as defined in the NPG COM.

The NPG COM preemptively minimalizes potential flood damage. The system for doing this includes: keeping all growing plants a reasonable distance off the floor, mounting all atmospheric and environmental controls a reasonable distance off the floor and providing UL rated ground fault interrupters for all electrical sources providing power to equipment with any reasonable risk to water exposure.

There is also a proposed model for providing back-up power generation capable of maintaining operations in the event of sustained power outage. This system would provide power to accommodate a minimal source of light to each zone, as well as power minimal amounts of additional equipment sufficient to maintain the plants vitality. In addition to a low power consumption temperature control system, i.e. passive exhaust ventilation in necessity to reduce heat and non-electric heat sources if the need is the contrary.

Schedule E-3 - Inventory Control

Northeast Patients Group will comply with pertinent provisions of the Rules relating to Dispensary Prohibitions, Inventory, Daily Inventory, Dispensing Inventory, Trip Tickets, Cleaning , sorting, quality control, chain of custody and others, Sections 6.25 through 6.31. Examples of pertinent policies appear below.

Northeast Patients Group employs comprehensive, consistent policies and a proprietary data system for inventory control and security. Our inventory control program is designed to achieve four goals:

1. To provide transparent chain-of-command and inventory control systems for internal staff
2. To provide transparent records for review by DHHS and the Department of Agriculture
3. To prevent abuse of medicine (excessive use and/or diversion) by staff or patients/caregivers
4. To reduce the likelihood that NPG will be a target for or source of crime in our community

Proper inventory controls also help us provide a safe, consistent experience for our clients and staff.

Training: All employees will receive thorough, consistent training about inventory management.

Cultivation Site: At the manufacturing site each plant will receive a unique identification code which will follow it through our inventory system from its origin to the patient. Processed medicine will be packaged into tamper-evident containers using bank-rated security zip ties or similar devices, and stored in safes or vaults which meet or exceed the requirements of our insurance policy. All medicine at the manufacturing site will be inventoried by two registered staff members at open and close of business and when it is dispensed to a client.

Accurate weights and measures are a cornerstone of a successful inventory tracking system. At NPG, balances shall be calibrated every day. Medicine will be packaged into different sized stock-keeping units (SKUs) according to the following standards:

- Each gram must weigh 1.03 grams ± .02 grams.
- Each eighth-ounce must weigh 3.55 grams ± .02 grams.
- Each ounce must weigh 28.55 grams ± .02 grams.

Our data tracking system alerts staff and management when weight variances fall outside a predetermined tolerance level.

Medicine that is being transported from the cultivation to the dispensary site will be enclosed in tamper-evident containers and then in a locked strongbox. No vehicle used for transportation will contain identifying external markings. Our proprietary inventory control system includes "Trip Tickets" and redundant personnel checks to ensure that no diversion occurs during transport.

Dispensary Site: NPG's dispensary will use a proprietary point-of-sale (POS) system. Medicine coming from the manufacturing site will be inventoried against this system upon arrival and at start and close of business each day. Two employees will verify and sign off on each transaction of medicine to a patient. Storage safes will meet or exceed our insurer's requirements.

Management will conduct random audits and will contract for yearly audits by a licensed CPA in the State of Maine.

Similar protocols will govern the management of edible medicines. NPG's systems will ensure that all medicine is accounted for from its origin to the time the patient receives it.

An overview of our inventory tracking system includes the following requirements:

- Harvested, dried medicine from each plant will be weighed on a calibrated scale. This will include stems and trimmings, which will be inventoried separately. Trimmings will be entered into the food processing inventory system to produce NPG's line of edible medicines and tinctures.
- Medicine that is acquired free from other patients will be entered into the inventory tracking system in its incoming quantity. This medicine should not include stems or seeds but may include trimmings.
- All medicine will be dispensed in tamper-evident packaging, tagged with a unique label which shall include the following information: name & contact information for dispensary; MMMP patient number; the strain or product name, amount and form; time and date of origin; destination of product. Medicine will be provided to patients and caregivers in tamper-evident packaging.
- Patient records will be anonymized and secured in an encrypted database, which will comply with NPG's policy regarding privacy practices for protected health information (see Schedule E, Policies and Procedures). The system will allow staff to monitor patient purchases and will prevent over-limit sales to any patient.
- All cured medicine will be inventoried by two individuals before opening and after close of business. Hand counts will be compared to electronic data to ensure accuracy and prevent diversion.
- All unused marijuana that is no longer needed for a patient's medical care will be disposed of consistent with the requirements of Section 2.5 of the Rules.
- Compliance with NPG's Data Security Policy (see **Appendix E-1**).

Schedule E-4 - Food Preparation

Northeast Patients Group will offer the following edible cannabis-infused items:

- Butter
- Tinctures
- Lozenges
- Cookies

NPG will collect and evaluate data on client needs and preferences and may adjust our range of edible offerings accordingly.

For each of its kitchens, and as required by Section 6.7 of the DHHS Rules, NPG will obtain a food establishment license pursuant to 22 MRSA §2167 before the kitchen shall be used. Wherever possible, NSF-rated kitchen equipment will be used. At least one food safety certified handler will be on kitchen staff at all times. Regular inspections and stringent policies will ensure a safe, standard, healthful range of products for our clients. NPG will comply with all pertinent DHHS and Department of Agriculture rules and regulations governing such food establishments. NPG will work closely with the Department of Agriculture to ensure and improve standards for cannabis food preparation in our facilities and in the State of Maine.

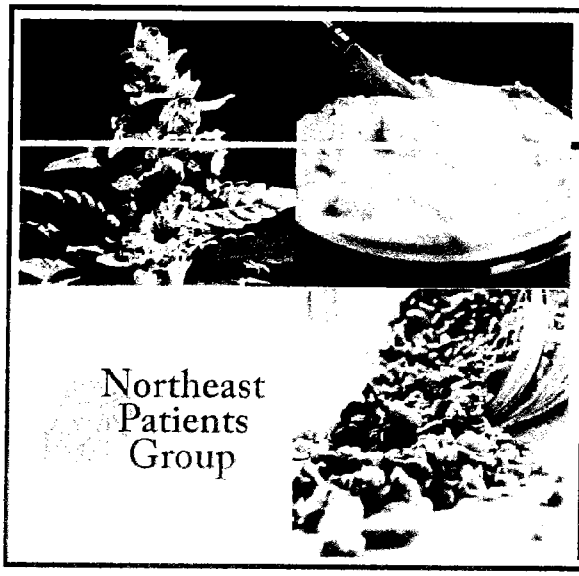
Our protocols for production and packaging include rigorous standards for quality control and testing, batch production records, product release specifications, labeling, ingredient listing, safe storage and disposal, and sanitation.

Our client base is statistically more likely than the general population to come to us with compromised immune systems, and we take seriously our obligation to prevent the transmission of foodborne illnesses to all our clients. At least one food safety certified employee will be on duty at all times, and every member of kitchen staff will be familiar with the FDA's Food Code, including their five key interventions to protect consumer health:

- Demonstration of knowledge
- Employee health controls
- Hands as major vector for contamination transmission
- Time and temperature parameters
- Consumer education

All food-based preparations will be clearly labeled with dosage indicated (as well as the formula used to arrive at dosage). Every effort will be made to follow federal guidelines for nutrition information. All such medicines will be packaged in opaque, tamper-proof packaging and clearly labeled as medicine. (**Appendix** E-4.1 shows a sample of the type of container that might be used for NPG-branded products.)

NPG clients will be fully educated about the significant differences in how the body metabolizes ingested cannabis rather than smoked/vaporized cannabis. This includes differences between various types of ingestible medicines, for example solids vs. tinctures. (See Schedule E-6 for more information.) These differences include time to onset of relief, duration of effect, sensation of effect, and impact on the body's systems. Educational materials and peer counseling will be provided to all new and re-registering patients, and will be available at our facility and on our website.



MEDICINAL Granola Bar

Doses per package	2
Equivalent Dried Weight per dose	.5
THC ng/mL per dose	200

For medical use only in accordance with
ME. REV. STAT. ANN. tit. 22, § 2383-B .

Not for resale. Keep out of reach of children and pets.

Nutrition Facts

Serving Size: 1 bar (1.25 oz) (35g)

Amount Per Serving	
Calories 163	Calories from Fat 78
	% Daily Value*
Total Fat 8.72 g	**13%**
Saturated Fat 4.98 g	**25%**
Trans Fat	
Cholesterol 1.75 mg	**1%**
Sodium 70 mg	**3%**
Potassium 109.55 mg	**3%**
Total Carbohydrate 22.33 g	**7%**
Dietary Fiber 1.19 g	**5%**
Sugars	
Sugar Alcohols	
Protein 2.03 g	
Vitamin A 13.65 IU	**0%**
Vitamin C 0 mg	**0%**
Calcium 36.05 mg	**4%**
Iron 0.82 mg	**5%**

Ingredients:

Oats, Brown Sugar, Almonds, Raisins, Coconut, Chocolate Chips, Honey, Figs, Cannabis Butter, Vanilla, Cinnamon, Nutmeg.

USDA ORGANIC

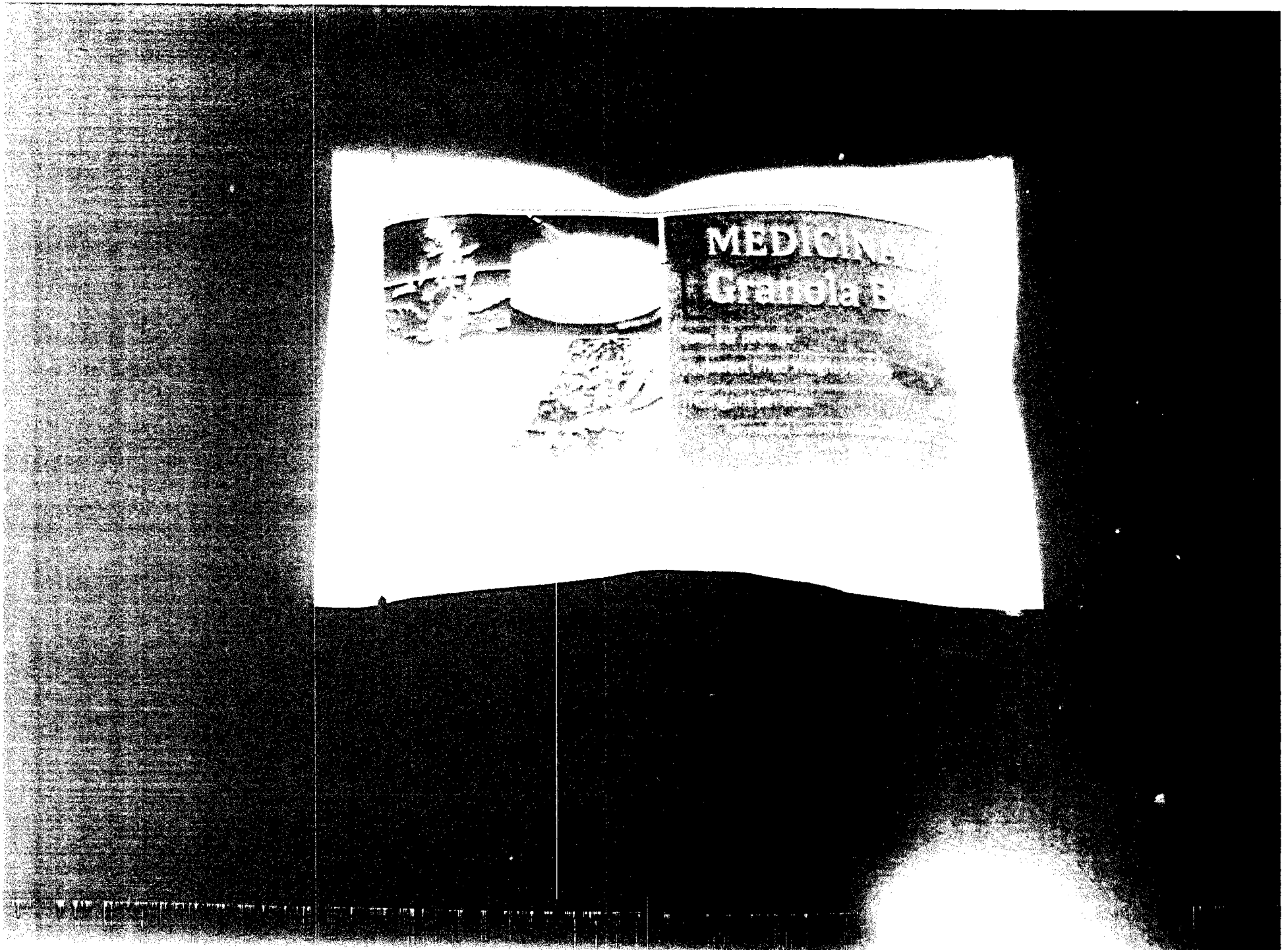
MCSC

MEDICINAL Granola Bar

Does per package	2
Equivalent Dried Weight per dose	.5
THC ng/mL per dose	200

For medical use only in accordance with ME. REV. STAT. ANN tit. 22, § 2383-B.

[illegible] for resale. Keep out of reach of children and pets.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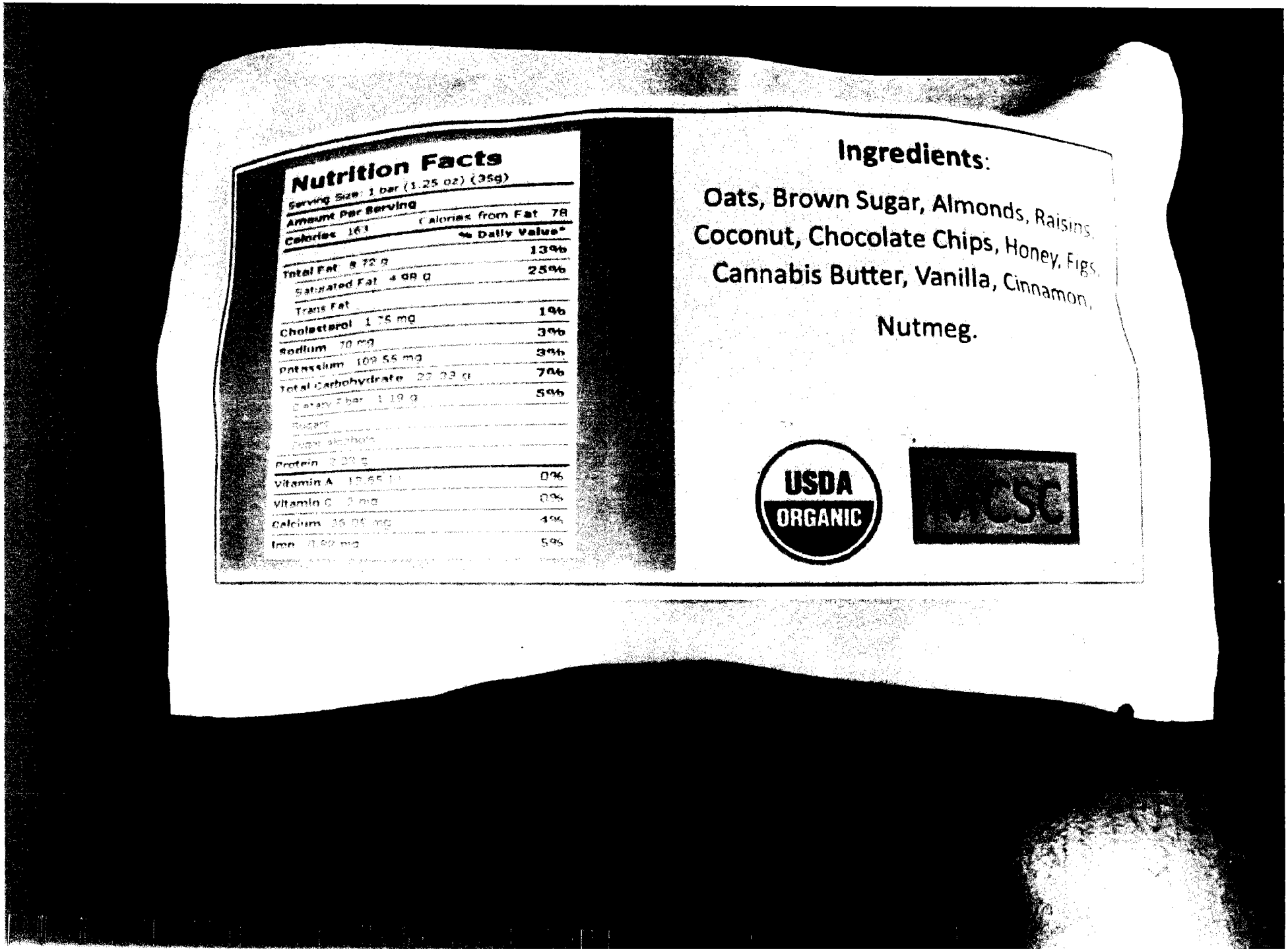
Nutrition Facts
Serving Size 1 bar (1.25 oz) (35g)
Amount Per Serving
Calories 161
Calories from Fat 78
% Daily Value*
Total Fat 8.72 g
13%
Saturated Fat 4.98 g
25%
Trans Fat
Cholesterol 1.75 mg
1%
Sodium 70 mg
3%
Potassium 109.55 mg
3%
Total Carbohydrate 22.33 g
7%
Dietary Fiber 1.19 g
5%
Sugars
Sugar alcohols
Protein 3.23 g
Vitamin A
0%
Vitamin C
0%
Calcium
4%
Iron
5%
Ingredients:
Oats, Brown Sugar, Almonds, Raisins,
Coconut, Chocolate Chips, Honey, Figs,
Cannabis Butter, Vanilla, Cinnamon,
Nutmeg.
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Schedule E-5 - Quality Control

Northeast Patients Group will comply with pertinent provisions of the Rules relating to Dispensary Prohibitions, Inventory, Daily Inventory, Dispensing Inventory, Trip Tickets, Cleaning, Sorting, Quality Control, Chain of Custody and others, Sections 6.25 through 6.31, including the standards set forth in 22 Maine Revised Statutes, chapter 551, subchapter 1 for the process of cleaning, sorting, grading, weighing and packaging medical cannabis.

NPG's quality control mechanisms are time-tested and laboratory proven to result in our patients receiving the purest and safest cannabis medicines. For example, cross-sectional studies of dispensary medicines in California conducted by the Medical Cannabis Safety Council showed that one of the most prevalent contaminants on cannabis is the *E. coli* bacteria—often introduced when cultivators allow their pets to walk through the growing site. Another common contaminant is human hair, shed into the medicine during trimming and packaging. The following quality control policies are a sampling of the extensive systems we have developed to ensure safe medicine from its origins to the patient.

- All processing shall be conducted on a sanitary surface.
- All weigh tools, trays and surfaces shall be sanitized after each use.
- Lab coats shall be worn by processing/packaging staff.
- Hairnets and beard nets (if necessary) shall be worn whenever inside the Processing and Packaging room.
- Cultivation staff will wear single-use shoe coverings and other protective gear in the growing areas to prevent introduction of contaminants on the clothing/shoes.
- New gloves shall be worn whenever medicine is being handled. (New medicine = new gloves.)
- All manufacturing site staff shall be trained in identification and removal of contaminants on cannabis grown by NPG or donated by patients, caregivers or other dispensaries. Contaminated medicine will be subtracted from inventory and isolated for further analysis, testing, and disposal.
- A magnification device, preferably a digital magnascope, shall be available to identify contaminants.
- Cultivation staff will keep thorough daily records concerning growth, treatments applied, and other information necessary to ensure plants are healthy and medical grade.
- Animals shall never be allowed inside the grow facility.

When accepting donated medicine, NPG must gain as much information as possible from anecdotal, physical and laboratory examinations before entering the medicine into inventory for redistribution.

- Currently certified patients, caregivers, and dispensaries who are registered with the Maine DHHS may donate medicine to the NPG Helping Hands program. Before making an appointment to receive such a donation, NPG will first verify with DHHS that the patient or caregiver is currently a valid certified registrant in the state's system. NPG will coordinate with DHHS regarding appropriate mechanisms by which NPG can carry out verification.
- Donations may not be made by proxy, even if the third party is also a registered caregiver or patient. Guidance will be sought from DHHS on how to address situations where the patient has died before completing a donation.
- Donations will be accepted by appointment only.
- Appointments shall be taken one at a time to protect the safety of intake personnel.
- Donors shall be asked to park in the lot to protect their safety.
- Donors must bring medicine into the building in an opaque outer bag.

- The medicine shall be examined for resin content, smell, flavor, structure, grading, moisture and trim. The donor will be asked to complete an information tracking form detailing the method and process of growing, drying, processing, and storing the medicine to the point of transfer to NPG.
- The medicine shall be free of any mold, rot, white powdery mildew, foreign materials or other contaminants. Contaminated medicine will not be accepted into our inventory and will be destroyed in compliance with state standards.

NPG will comply with the Department of Agriculture in its testing requirements. We will have limited on-site capability to test medicine for purity/quality. NPG is contracting with a Maine- based laboratory capable of performing gas-chromatograph/mass spectrometry analysis of all our medicines, in full compliance with State and federal laws regarding handling and processing of cannabis medicines.

Schedule E-6 - Copies of Educational Materials

Northeast Patients Group will comply with applicable provisions of the DHHS Rules governing patient education, including those set forth in Section 6.24.5 of the Rules. We are dedicated to the ongoing education of our clients, our staff, and stakeholders in our communities.

NPG's dispensary will include an extensive on-site reference library including books, pamphlets and videos on a variety of topics of interest to patients. Topics include but are not limited to:

- Condition-specific information about medical cannabis use
- Strain-specific information (identification, effect)
- Form-specific information
- Method of ingestion-specific information (differences in onset, duration and type of effect from various means of ingesting medicine)
- Self-titration/dosage information
- Information on tolerance, dependence and withdrawal
- Information on substance abuse (how to recognize, where to get help locally)

Because of our extensive connections in the field of medical cannabis research, NPG patients will also have access to the latest research involving medical cannabis. Sample materials are provided below, including both pamphlet-type materials and book titles that will be available.

NPG's Executive Director was also instrumental in planning and executing the Maine Medical Cannabis Conference on June 5 2010 at Portland's USM campus. This educational conference brought together healthcare workers, scientists, patients, elected and advocates from around Maine and across the nation, with Montel Williams as keynote speaker. This event was a first of its kind in Maine with about 250 people attending. NPG will continue to promote and support community educational events of this nature. The following pages provide an overview of this conference.

Our dispensary will offer free wireless connection and a computer for use by our patients. Staff will always be available to help patients seeking information. As part of our non-profit platform, when possible we will support other groups that provide support and services to our patient base.

NPG will contract with Maine health and wellness providers off-site and (when space allows) on-site to provide holistic health care services including psychological counseling, bodywork, and educational lectures and courses. Our offerings will be targeted to our patients' needs and will be offered free of charge to all our registered members.

The following pages contain a sampling of some of the educational materials we will use.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

ASA's Guide to Using Marijuana

Using Marijuana

Smoking

Smoking marijuana produces the most immediate effects and permits the most refined control of your dosage. Smoking any material is not good for the lungs, but the amount of marijuana you need to smoke is so small that you need not be overly concerned. It is better to smoke the flowers rather than the leaves as this also reduces the amount you will need to smoke.

Vaporizing

Cannabis vaporizers are designed to let users inhale active cannabinoids while avoiding harmful smoke toxins. They do so by heating cannabis to a temperature that is just below the point of combustion where smoke is produced. At this point, THC and other medically active cannabinoids are emitted with little or none of the carcinogenic tars and noxious gases found in smoke. Many medical marijuana patients who find smoked marijuana highly irritating report effective relief inhaling through vaporizers. Also, vaporizers are very efficient so they can save money in the long term.

Eating

Marijuana can be eaten. When consumed this way, it is usually baked in brownies or cookies, and sometimes made into a candy. It takes longer to feel the effects when eaten, and may take longer for you to learn to control your dosage. However, when you do feel the effects, they may be stronger than those felt by smoking. You may also feel a certain heaviness in your body. This will not hurt you. Schedule your time so that you can relax when you take it.

Tea

Like other herbs, marijuana may be made into a tea. Boil the water first and pour it over the marijuana. Let it steep for longer than you would for common black tea; approximately an hour and a half. Add 1 teaspoon of butter. The effects are similar to eating it.

Tincture

To prepare a tincture, use 5 parts fresh marijuana to 1 part vodka. If you are using dried marijuana, as is usually the case, use 10 parts marijuana to 1 part vodka. An easy way to do this if you don't have measuring equipment, is to fill whatever container you are using (glass is preferable as you don't want to leech any residues from metal containers) to thirds full with marijuana, then fill the container with vodka and let stand for a week or more. Afterward, strain the solution. If you use a larger portion of marijuana, the resulting tincture will be more potent.

Compress

Follow the recipe as for tea. Make as much as you need to thoroughly soak the cloth you intend to use. Apply to pain and leave on ½ hour.

Marinol

Marinol is a synthetic petrochemical analog of THC, one of the active elements found in marijuana. Some patients find that it helps relieve nausea yet takes a long time to work. Do not smoke this product. It has the potential for overdose. Use only under the supervision of a doctor.

Side Effects

Marijuana is one of the safest medicines: it is impossible to consume enough to produce a toxic effect in the body. However, if you are unfamiliar with it, there are some effects which you should be aware of so that you can use it more effectively.

Uneasiness

Marijuana usually has a soothing and comforting effect on the mind. Sometimes, however, people do experience feelings of anxiety. If this happens to you, there are several things you can do. Try to stay in environments where you feel naturally comfortable. If you feel anxious, sit or lay down, breathe deeply, and relax. If you have loved ones with you, hold each other for a while. If you have a pet, hold or stroke it. Eating will often quickly reduce the feeling of anxiety. Then, the next time you use it, try reducing your dosage. Because of our social training, you may have feelings of guilt. Know that you have a right to your medicine.

Hunger & Thirst

Many patients use marijuana to stimulate appetite. If you are not using marijuana for this purpose, drink water or juice. If you wish to eat, eat good nourishing food rather than sweets.

Redness in the Eyes

This will not hurt you. If you must go out in public and are concerned about others' reaction to the redness, wear sunglasses or use eye drops.

Drowsiness

If marijuana makes you sleepy, take a nap if you can and wish to. As with all medicines that can produce drowsiness, don't drive or operate heavy machinery.

Sleeplessness

If you find that you can't sleep for a while after using marijuana, try reducing your dosage and avoid using it for about two hours or so before you want to sleep.

Short-term Memory Loss

Sometimes people find it difficult to carry on a complicated conversation, keep track of details, or perform complex tasks. If this happens to you, schedule your time so that you don't have to do these things when using your medicine.

Giddiness

Many people find that things which normally don't seem funny become quite amusing when they use marijuana. Most people enjoy this effect. If you must deal with situations where humor would be inappropriate in your judgement, schedule your time so that you don't have to deal with them when you are taking your medicine.

CANCER
AND
MEDICAL MARIJUANA

AmericansFor SafeAccess
FOUNDATION
Advancing Legal Medical Marijuana Therapeutics and Research

A Note from Americans for Safe Access

We are committed to ensuring safe, legal availability of marijuana for medical uses. This brochure is intended to help doctors, patients and policymakers better understand how marijuana—or "cannabis" as it is more properly called—may be used as a treatment for people with serious medical conditions. This booklet contains information about using cannabis as medicine. In it you'll find information on:

We recognize that information about using cannabis as medicine has been difficult to obtain. The federal prohibition on cannabis has meant that modern clinical research has been limited, to the detriment of medical science and the wellness of patients. But the documented history of the safe, medical use of cannabis dates to 2700 B.C. Cannabis was part of the American pharmacopoeia until 1942 and is currently available by prescription in the Netherlands and Canada.

Testimonials from both doctors and patients reveal valuable information on the use of cannabis therapies, and supporting statements from professional health organizations and leading medical journals support its legitimacy as a medicine. In the last few years, clinical trials in Great Britain, Canada, Spain, Israel, and elsewhere have shown great promise for new medical applications.

This brochure is intended to be a starting point for the consideration of applying cannabis therapies to specific conditions; it is not intended to replace the training and expertise of physicians with regard to medicine, or attorneys with regard to the law. But as patients, doctors and advocates who have been working intimately with these issues for many years, Americans for Safe Access has seen firsthand how helpful cannabis can be for a wide variety of indications. We know doctors want the freedom to practice medicine and patients the freedom to make decisions about their healthcare.

For more information about ASA and the work we do, please see our website at **AmericansForSafeAccess.org** or call **1-888-929-4367.**

Is Cannabis Legal to Recommend?

In 2004, the United States Supreme Court upheld earlier federal court decisions that doctors have a fundamental Constitutional right to recommend cannabis to their patients.

The history. Within weeks of California voters legalizing medical cannabis in 1996, federal officials had threatened to revoke the prescribing privileges of any physicians who recommended cannabis to their patients for medical use.[1] In response, a group of doctors and patients led by AIDS specialist Dr. Marcus Conant filed suit against the government, contending that such a policy violates the First Amendment.[2] The federal courts agreed at first the district level,[3] then all the way through appeals to the Ninth Circuit and then the Supreme Court.

What doctors may and may not do. In *Conant v. Walters*,[4] the Ninth Circuit Court of Appeals held that the federal government could neither punish nor threaten a doctor merely for recommending the use of cannabis to a patient.[5] But it remains illegal for a doctor to "aid and abet" a patient in obtaining cannabis.[6] This means a physician may discuss the pros and cons of medical cannabis with any patient, and issue a written or oral recommendation to use cannabis without fear of legal reprisal.[7] This is true regardless of whether the physician anticipates that the patient will, in turn, use this recommendation to obtain cannabis.[8] What physicians may not do is actually prescribe or dispense cannabis to a patient[9] or tell patients how to use a written recommendation to procure it from a cannabis club or dispensary.[10] Doctors can tell patients they may be helped by cannabis. They can put that in writing. They just can't help patients obtain the cannabis itself.


Angel Raich & Dr. Frank Lucido

Patients protected under state, not federal, law. In June 2005, the U.S. Supreme Court overturned the *Raich v. Ashcroft* Ninth Circuit Court of Appeals decision. In reversing the lower court's ruling, *Gonzales v. Raich* established that it is legal under federal law to prosecute patients who possess, grow, or consume medical cannabis in medical cannabis states. However, this Supreme Court decision does not overturn or supersede the laws in states with medical cannabis programs.

For assistance with determining how best to write a legal recommendation for cannabis, please contact ASA at 1-888-929-4367.

Scientific Research Supports Medical Cannabis

Between 1840 and 1900, European and American medical journals published more than 100 articles on the therapeutic use of the drug known then as Cannabis Indica (or Indian hemp) and now simply as cannabis. Today, new studies are being published in peer-reviewed journals that demonstrate cannabis has medical value in treating patients with serious illnesses such as AIDS, glaucoma, cancer, multiple sclerosis, epilepsy, and chronic pain.

The safety of the drug has been attested to by numerous studies and reports, including the *LaGuardia Report* of 1944, the *Schafer Commission Report* of 1972, a 1997 study conducted by the British House of Lords, the Institutes of Medicine report of 1999, research sponsored by Health Canada, and numerous studies conducted in the Netherlands, where cannabis has been quasi-legal since 1976 and is currently available from pharmacies by prescription.

INSTITUTE OF MEDICINE

"Nausea, appetite loss, pain and anxiety . . all can be mitigated by marijuana.... For patients, such as those with AIDS or undergoing chemotherapy, who suffer simultaneously from severe pain, nausea, and appetite loss, cannabinoid drugs might offer broad spectrum relief not found in any other single medication."

***Marijuana and Medicine: Assessing the Science Base*, 1999**

Recent published research on CD4 immunity in AIDS patients found no compromise to the immune systems of patients undergoing cannabis therapy in clinical trials.[11]

The use of medical cannabis has been endorsed by numerous professional organizations, including the American Academy of Family Physicians, the American Public Health Association, and the American Nurses Association. Its use is supported by such leading medical publications as *The New England Journal of Medicine* and *The Lancet*.

Recent Research Advances

While research has until recently been sharply limited by federal prohibition, the last few years have seen rapid change. The International Cannabinoid Research Society was formally incorporated as a scientific research organization in 1991. Membership in the Society has more than tripled from about 50 members in the first year to over 300 in 2005. The International Association for Cannabis as Medicine (IACM) was founded in March 2000. It publishes a bi-weekly newsletter and the IACM-Bulletin, and holds a bi-annual symposium to highlight emerging research in cannabis therapeutics. The University of California established the Center for Medicinal Cannabis Research in 2001. As of June 2006, the CMCR has 17 approved studies, including research on cancer pain, nausea control in chemotherapy, general analgesia and a proposed study on refractory cancer pain.

In the United Kingdom, GW Pharmaceuticals has been granted a clinical trial exemption certificate by the Medicines Control Agency to conduct clinical studies with cannabis-based medicines. The exemption includes investigations in the relief of pain of neurological origin and defects of neurological function in the following indications: multiple sclerosis (MS), spinal cord injury, peripheral nerve injury, central nervous system damage, neuroinvasive cancer, dystonias, cerebral vascular accident and spina bifida, as well as for the relief of pain and inflammation in rheumatoid arthritis and also pain relief in brachial plexus injury.

GW has completed Phase III studies in patients with MS neuropathic pain and spasticity, and Phase II trials on perioperative pain, rheumatoid arthritis, peripheral neuropathy secondary to diabetes mellitus or AIDS, and patients with neurogenic symptoms.

These trials have provided positive results and confirmed an excellent safety profile for cannabis-based medicines. In 2002, GW conducted five Phase III trials of its cannabis derivatives, including a double-blind, placebo-controlled trial with a sublingual spray containing THC in more than 100 patients with cancer pain. In total, more than 1,000 patients are currently involved in phase III trials in the UK.

In 2002 GW Pharmaceuticals received an IND approval to commence phase II clinical trials in Canada in patients with chronic pain, multiple sclerosis and spinal cord injury, and in April 2005 GW received regulatory approval to distribute Sativex in Canada for the relief of neuropathic pain in adults with Multiple Sclerosis. Following meetings with the FDA, DEA, the Office for National Drug Control Policy, and the National Institute for Drug Abuse, GW was granted an import license from the DEA and has imported its first cannabis extracts into the U.S., and in

January of 2006 was granted permission to begin Phase III clinical trials into cancer pain.

CANNABIS AND CANCER

Cannabis has been found to help cancer patients with pain and nausea, and recent research indicates it has tumor-reducing and anti-carcinogenic properties properties as well. It has proven highly effective at controlling the nausea associated with chemotherapy, and its appetite-stimulation properties help combat wasting. Cannabis can also help control the pain associated with some cancers, as well as that resulting from radiation and chemotherapy treatment.

Cannabis and chemotherapy side effects

One of the most widely studied therapeutic applications for cannabis and the pharmaceutical drugs derived from cannabinoids is in the treatment of nausea and vomiting associated with cancer chemotherapy.. Numerous clinical studies have reported that the use of cannabis reduces nausea and vomiting and stimulates appetite, thereby reducing the severity of cachexia, or wasting syndrome, in patients receiving chemotherapy treatment.

The 1999 Institutes of Medicine report concluded: "In patients already experiencing severe nausea or vomiting, pills are generally ineffective, because of the difficulty in swallowing or keeping a pill down, and slow onset of the drug effect. Thus an inhalation (but, preferably not smoking) cannabinoid drug delivery system would be advantageous for treating chemotherapy-induced nausea."[12]

A 1997 inquiry by the British Medical Association found cannabis more effective than Marinol, and a 1998 review by the House of Lords Science & Technology Select Committee concluded that "Cannabinoids are undoubtedly effective as anti-emetic agents in vomiting induced by anti-cancer drugs. Some users of both find cannabis itself more effective."[13,14]

In the last three years, there have been major advances in both cannabinoid pharmacology and in understanding of the cancer disease process. In particular, research has demonstrated the presence of numerous cannabinoid receptors in the nucleus of the solitary tract, a brain center important in control of vomiting.

Although other recently developed anti-emetics are as effective or more effective than oral THC, nabilone or smoked cannabis, for certain individuals unresponsive to conventional anti-emetic drugs, the use of smoked cannabis can provide relief more effectively than oral preparations which may be difficult to swallow or be vomited before taking effect, as the IOM report notes.

The psychoactive/euphoriant effects of THC or inhaled cannabis may also provide an improvement in mood. By contrast, several conventional medications commonly prescribed for cancer patients, e.g. phenothiazines such as haloperidol (known as "major tranquillizers") may produce unwanted side effects such as excessive sedation, flattening of mood, and/or distressing physical "extrapyramidal" symptoms such as uncontrolled or compulsive movements.

While clinical research on using cannabis medicinally has been severely limited by federal prohibition,the accumulated data speaks strongly in favor of considering it as an option for most cancer patients, and many oncologists do. Survey data from a Harvard Medical School study in 1990, before any states had approved medical use, shows that 44% of oncologists had recommended cannabis to at least some of their patients. Nearly half said they would do so if the laws were changed. According the American Cancer Society's 2003 data, more than 1,300,000 Americans are diagnosed with cancer each year.[15] At least 300,000 of them will undergo chemotherapy, meaning as many as 132,000 patients annually may have cannabis recommended to them to help fight the side effects of conventional treatments.

As the Institutes of Medicine report concluded, "nausea, appetite loss, pain and anxiety ... all can be mitigated by marijuana."

Research on cannabis and chemotherapy

Cannabis is used to combat pain caused by various cancers and nausea induced by chemotherapy agents. Over 30 human clinical trials have examined the effects of cannabis or synthetic cannabinoids on nausea, not including several U.S. state trials that took place between 1978 and 1986.[16] In reviewing this literature, Hall et al. concluded that ". . . THC [delta-9-tetrahydrocannabinol] is superior to placebo, and equivalent in effectiveness to other widely-used anti-emetic drugs, in its capacity to reduce the nausea and vomiting caused by some chemotherapy regimens in some cancer patients."[17] A 2003 study found "Cannabinoids—the active components of cannabis sativa and their derivatives—exert

palliative effects in cancer patients by preventing nausea, vomiting and pain and by stimulating appetite. In addition, these compounds have been shown to inhibit the growth of tumor cells in culture and animal models by modulating key cell-signaling pathways. Cannabinoids are usually well tolerated, and do not produce the generalized toxic effects of conventional chemotherapies."[18]

Authors of the Institute of Medicine report, "Marijuana and Medicine: Assessing the Science Base," found that there are certain cancer patients for whom cannabis should be a valid medical option.[19] A random-sample anonymous survey conducted in the spring of 1990 measured the attitudes and experiences of oncologists concerning the antiemetic use of cannabis in cancer chemotherapy patients. Of the respondents expressing an opinion, a majority (54%) thought cannabis should be available by prescription.[20]

Cancer-fighting properties of cannabis

More than twenty major studies published between 2001 and 2006have shown that the chemicals in cannabis known as cannabinoids have a significant effect fighting cancer cells. We now know cannabinoids arrest many kinds of cancer growths (brain, breast, leukemic, melanoma, phaeochromocytoma, et al.) through promotion of apoptosis (programmed cell death) that is lost in tumors, and by arresting angiogenesis (increased blood vessel production).

Recent scientific advances in the study of cannabinoid receptors and endocannabinoids have produced exciting new leads in the search for anti-cancer treatments.

There is growing evidence of direct anti-tumor activity of cannabinoids, specifically CB1 and CB2 agonists, in a range of cancer types including brain (gliomas), skin, pituitary, prostate and bowel. The antitumor activity has led in laboratory animals and in-vitro human tissues to regression of tumors, reductions in vascularisation (blood supply) and metastases (secondary tumors), as well as direct inducement of death (apoptosis) among cancer cells. Indeed, the complex interactions of endogenous cannabinoids and receptors are leading to greater scientific understanding of the mechanisms by which cancers develop.

The findings of these studies are borne out by the reports of such patients as Steve Kubby, whose cannabis use is credited with keeping a rare, terminal cancer in a state of remission for decades beyond conventional expectations.

Research on tumor reduction

Although cannabis smoke has been shown to have precancerous-causing effects in animal tissue, epidemiological studies on humans have failed to link cannabis smoking with cancer.[21,22] If smoke inhalation is a concern, cannabis can be used with a vaporizer, orally in baked goods, and topically as a tincture or a suppository.

Cannabinoids, the active components of cannabis, have been shown to exhibit anti-tumor properties. Multiple studies published between 2001 and 2006 found that cannabinoids inhibit tumor growth in laboratory animals.[23-27] In another study, injections of synthetic THC eradicated malignant brain tumors in one-third of treated rats, and prolonged life in another third by as much as six weeks.[28] Other journals have also reported on cannabinoids' antitumoral potential.[29-35] Italian research teams reported in 1998 and 2001 that the endocannabinoid anandamide, which binds to the same brain receptors as cannabis, "potently and selectively inhibits the proliferation of human breast cancer cells in vitro" by interfering with their DNA production cycle.[36-38] Cannabis has been shown in recent studies to inhibit the growth of thyroid, prostate and colorectal cancer cells.[39-41] THC has been found to cause the death of glioma cells.[42,43] And research on pituitary cancers shows cannabinoids are key to regulating human pituitary hormone secretion.[44-47]

In 2004 an Italian research team demonstrated that the administration of the non-psychoactive cannabinoid cannabidiol (CBD) to nude mice significantly inhibited the growth of subcutaneously implanted U87 human glioma cells. The authors of the study concluded that "... CBD was able to produce a significant antitumor activity both in vitro and in vivo, thus suggesting a possible application of CBD as an antineoplastic agent (an agent that inhibits the growth of malignant cells.)"[48]

More recently, investigators at the California Pacific Medical Center Research Institute reported that the administration of THC on human glioblastoma multiforme cell lines decreased the proliferation of malig-

nant cells and induced apoptosis (programmed cell death) more rapidly than did the administration of an alternative synthetic cannabis receptor agonist.[49]

How cannabis compares to other medications

The American Cancer Society lists 269 medicines currently prescribed to treat cancer and its symptoms, and to treat the side effects of other cancer drugs. Some drugs are prescribed for pain caused by cancer, and cancer patients report pain relief with cannabis therapy. Many chemotherapy agents cause severe nausea and 13 drugs are currently prescribed to treat nausea, including Marinol, a synthetic form of delta-9-THC, one of the active ingredients in cannabis.

The newer antiemetics, Anzamet, Kytril and Zofran, are serotonin antagonists, blocking the neurotransmitter that sends a vomiting signal to the brain. Rare side effects of these drugs include fever, fatigue, bone pain, muscle aches, constipation, loss of appetite, inflammation of the pancreas, changes in electrical activity of heart, vivid dreams, sleep problems, confusion, anxiety and facial swelling.

Reglan, a substituted benzamide, increases emptying of the stomach, thus decreasing the chance of developing nausea and vomiting due to food remaining in the stomach. When given at high doses, it blocks the messages to the part of the brain responsible for nausea and vomiting resulting from chemotherapy. Side effects include sleepiness, restlessness, diarrhea and dry mouth. Rarer side effects are rash, hives and decreased blood pressure

Haldol and Inapsine are tranquilizers that block messages to the part of the brain responsible for nausea and vomiting. Possible side effects include decreased breathing rate, increased heart rate, decrease in blood pressure when changing position and, rarely, change in electrical activity of the heart.

Compazine and Torecan are phenothiazines, the first major anti-nausea drugs. Both have tranquilizing effects. Common side effects include dry mouth and constipation. Less common effects are blurred vision, restlessness, involuntary muscle movements, tremors, increased appetite, weight gain, increased heart rate and changes in electrical activity of heart. Rare side effects include jaundice, rash, hives and increased sensitivity to sunlight.

Benadryl, an antihistamine, is given along with Reglan, Haldol, Inapsine, Compazine and Torecan to counter side effects of restlessness, tongue protrusion, and involuntary movements. Its side effects include sedation, drowsiness, dry mouth, dizziness, confusion, excitability and

decreased blood pressure.

Decadron (dexamethasone), a corticosteroid, is given with other chemotherapy drugs as an adjunct medication. Common side effects include increased appetite, irritation of stomach, euphoria, difficulty sleeping, mood changes, flushing, increased blood sugar, decreased blood potassium level. Possible side effects upon discontinuing the drug include adrenal insufficiency, weakness, aches, fever, dizziness, lowering of blood pressure when changing position, difficulty breathing, and low blood sugar.

Benzodiazepine drugs Ativan and Xanax are also prescribed to combat the effects of chemotherapy. Ativan causes amnesia. Abruptly stopping the drug can cause anxiety, dizziness, nausea and vomiting, and tiredness. It can cause drowsiness, confusion, weakness, and headache when first starting the drug. Nausea, vomiting, dry mouth, changes in heart rate and blood pressure, and palpitations are possible side effects.

In addition, in April 2003 the FDA approved the drug Emend (aprepitant) to help control delayed-onset nausea. It is given along with two other anti-nausea drugs. A regimen of three pills costs $250. The most common side effects with Emend are fatigue, nausea, loss of appetite, constipation, diarrhea.

Cannabis: By comparison, the side effects associated with cannabis are typically mild and are classified as "low risk." Euphoric mood changes are among the most frequent side effects. Cannabinoids can exacerbate schizophrenic psychosis in predisposed persons. Cannabinoids

impede cognitive and psychomotor performance, resulting in temporary impairment. Chronic use can lead to the development of tolerance. Tachycardia and hypotension are frequently documented as adverse events in the cardiovascular system. A few cases of myocardial ischemia have been reported in young and previously healthy patients. Inhaling the smoke of cannabis cigarettes induces side effects on the respiratory system. Cannabinoids are contraindicated for patients with a history of cardiac ischemias. In summary, a low risk profile is evident from the literature available. Serious complications are very rare and are not usually reported during the use of cannabinoids for medical indications.

Is cannabis safe to recommend?

"The smoking of cannabis, even long term, is not harmful to health...." So began a 1995 editorial statement of Great Britain's leading medical journal, *The Lancet*. The long history of human use of cannabis also attests to its safety—nearly 5,000 years of documented use without a single death. In the same year as the *Lancet* editorial, Dr. Lester Grinspoon, a professor emeritus at Harvard Medical School who has published many influential books and articles on medical use of cannabis, had this to say in an article in the *Journal of the American Medical Association* (1995):

Angel Raich using a vaporizer in the hospital

> "One of marihuana's greatest advantages as a medicine is its remarkable safety. It has little effect on major physiological functions. There is no known case of a lethal overdose; on the basis of animal models, the ratio of lethal to effective dose is estimated as 40,000 to 1. By comparison, the ratio is between 3 and 50 to 1 for secobarbital and between 4 and 10 to 1 for ethanol. Marihuana is also far less addictive and far less subject to abuse than many drugs now used as muscle relaxants, hypnotics, and analgesics. The chief legitimate concern is the effect of smoking on the lungs. Cannabis smoke carries even more tars and other particulate matter than tobacco smoke. But the amount smoked is much less, especially in medical use, and once marihuana is an openly recognized medicine, solutions may be found; ultimately a technology for the inhalation of cannabinoid vapors could be developed."

The technology Dr. Grinspoon imagined in 1995 now exists in the form of "vaporizers," (which are widely available through stores and by mail-order) and recent research attests to their efficacy and safety.[35] Additionally, pharmaceutical companies have developed sublingual sprays and tablet forms of the drug. Patients and doctors have found other ways to avoid the potential problems associated with smoking, though long-term studies of even the heaviest users in Jamaica, Turkey and the U.S. have not found increased incidence of lung disease or other respiratory problems. As Dr. Grinspoon goes on to say, "the greatest danger in medical use of marihuana is its illegality, which imposes much anxiety and expense on suffering people, forces them to bargain with illicit drug dealers, and exposes them to the threat of criminal prosecution." This was the same conclusion reached by the House of Lords report, which recommended rescheduling and decriminalization, both of which were enacted in Great Britain in 2004.

Cannabis or Marinol?

Those committed to the prohibition on cannabis frequently cite Marinol, a Schedule III drug, as the legal means to obtain the benefits of cannabis. However, Marinol, which is a synthetic form of THC, does not deliver the same therapeutic benefits as the natural herb, which contains at least another 60 cannabinoids in addition to THC. Recent research conducted by GW Pharmaceuticals in Great Britain has shown that Marinol is simply not as effective for pain management as the whole plant; a balance of cannabinoids, specifically CBC and CBD with THC, is what helps patients most. In fact, Marinol is not labeled for pain, only appetite stimulation and nausea control. But studies have found that many severely nauseated patients experience difficulty in getting and keeping a pill down, a problem avoided by use of inhaled cannabis.

Clinical research on Marinol vs. cannabis has been limited by federal restrictions, but a New Mexico state research program conducted from 1978 to 1986 provided cannabis or Marinol to about 250 cancer patients for whom conventional medications had failed to control the nausea and vomiting associated with chemotherapy. At a DEA hearing, a physician with the program testified that cannabis was clearly superior to both Chlorpromazine and Marinol for these patients. Additionally, patients frequently have difficulty getting the right dose with Marinol, while inhaled cannabis allows for easier titration and avoids the negative side effects many report with Marinol. As the House of Lords report states, "Some users of both find cannabis itself more effective."

THE EXPERIENCE OF PATIENTS

Judith Cushner, Breast Cancer

In 1989, I was diagnosed with breast cancer. After a brief period of recovery from the surgeries, I was placed on an aggressive protocol of chemotherapy, which lasted for eight months. That protocol was referred to as "CMF," because it consisted of heavy doses of Cytoxan, methotraxate, and 5 fluorouracil.

The treatment caused severe and persistent side effects which were thoroughly disabling: chronic nausea, joint pain and weakness; a debilitating lack of energy and motivation; loss of appetite and a resulting unwanted weight loss; sleep disruption; and eventually my withdrawal from social situations and interpersonal relationships. The cumulative effect of these symptoms often rendered it impossible (or painfully difficult) to take the huge number of medications essential to my treatment regimen.

Right from the start, I was given Compazine as part of my chemotherapy protocol. I took it both orally (in pill form) and intravenously, but it too caused severe adverse side effects, including neuropathy. Moreover, the Compazine provided little, if any, relief from the nausea that had persisted since my treatment began. Hoping for better results, my doctor discontinued the Compazine and prescribed Reglan. That, too, had no effect on the nausea and we decided to discontinue it after a fairly short time. By then, I had developed chronic mouth sores (also from the chemotherapy), which made it extremely painful to take pills or swallow anything. Rather than providing relief, the Reglan increased my discomfort and pain.

Yet another drug I tried was Marinol, which gave me no relief from the unrelenting nausea. If anything, taking yet another pill increased my discomfort. The pills themselves irritated the sores in my mouth. It also made me quite groggy, yet my sleep disturbance persisted, in part because my nausea and anxiety were so distracting. My doctor prescribed Lorazepam to help me sleep, but it was just one more medication with unpleasant effects of its own.

During this time, a friend of mine (who happened to be a nurse) gave me a marijuana cigarette. She had seen my suffering and thought it might help. I took her advice and it worked. I took just a few puffs and within minutes, the nausea dissipated. For the first time in several months, I felt relief. I also felt hope. I smoked small amounts of marijuana for the remainder of my chemotherapy and radiation treatment. It was not a regular part of my day, nor did it become a habit. Each

time I felt nausea coming on, I inhaled just two or three puffs and it subsided.

As my nausea decreased, my ability to eat and retain food increased. I saw a marked weight gain and my energy increased. As my general health improved, my sleeping habits also improved. In retrospect, one of the greatest benefits from the marijuana was that it decreased my use of other, more disabling and toxic medications, including the Compazine, Reglan and Lorazepam.

AMERICAN NURSES ASSOCIATION

In 2003 the American Nurses Association passed a resolution that supports those health care providers who recommend medicinal use, recognizes "the right of patients to have safe access to therapeutic marijuana/cannabis," and calls for more research and education, as well as a rescheduling of marijuana for medical use.

My cancer has been in remission now for just under a year. I lived to see my son's Bar Mitzvah, and I am proud to say that the risks I took to save my life, while technically illegal, have earned me the respect of both my children. They have learned the difference between therapeutic treatment and substance abuse, and (unlike many of their peers) that knowledge has helped them resist the temptations of recreational drugs.

My decision to use marijuana and save my own life has educated many, including my rabbi and my congregation.

-Sworn testimony by Judith Cushner in Conant v. McCaffrey, 2/14/1997

Jo Daly, Colon Cancer

In 1980, I was appointed by Dianne Feinstein, then Mayor of San Francisco, to serve as police commissioner for the city of San Francisco, an office which I held for six years. On May 24, 1988, I was diagnosed with Phase IV cancer of the colon. By the time it was diagnosed, it had already spread to my ovaries and lymph nodes. My oncologist at the UCSF Hospital prescribed an aggressive regimen of chemotherapy, which lasted six months. I was given large doses of the chemicals, four hours a day, five days a week in the first week of each month.

Each day, when I returned home from the hospital following treatment, at about 5:00 p.m., my whole body turned quite warm, as if a fever were coursing through me. My fingernails even burned with heat. Invariably, I was overcome by a sudden wave of intense nausea—like a nuclear implosion in my solar plexus—and I rushed desperately for the bathroom where I would remain for hours, clutching the toilet and

FEDERATION OF AMERICAN SCIENTISTS

"Based on much evidence, from patients and doctors alike, on the superior effectiveness and safety of whole cannabis compared to other medications,... the President should instruct the NIH and the FDA to make efforts to enroll seriously ill patients whose physicians believe that whole cannabis would be helpful to their conditions in clinical trials"

FAS Petition on Medical Marijuana, 1994

retching my guts out. I had no appetite. I could not hold down what little food that I managed to swallow. And I could not sleep at night.

This intense nausea persisted for the two weeks following the treatment. By the third week after treatment, the side effects of the chemicals began to wear off, and I started to feel better. The next week, however, I had to return to the hospital where the chemicals were administered once more, beginning my hell all over again.

To combat the nausea, I tried Marinol, a synthetic version of THC, one of the primary chemicals found in marijuana. However, I was often unable to swallow the Marinol capsule because of my severe nausea and retching. A friend then gave me a marijuana cigarette, suggesting that it might help quell my nausea. I took three puffs from the cigarette. One-half hour later, I was calm, my nausea had disappeared, my appetite returned, and I slept that evening.

I told my oncologist about how well marijuana quelled my nausea. My doctor was not surprised. In fact, he told me that many of his patients had made the same discovery. My doctor encouraged me to continue using marijuana if it worked. Although it occasionally produced a slight euphoria, it was not a painful sensation and I was careful never to leave the house during those rare moments.

My use of medical marijuana had a secondary, though by no means minor benefit: I was able to drastically reduce my dependence on more powerful prescription drugs that I was prescribed for pain and nausea. With the help of medical marijuana, which I ingest only occasionally and in small amounts, I no longer need the Compazine, Lorazepam, Ativan and Halcion. No combination of these medications provided adequate relief. They also caused serious side effects that I never experienced with marijuana.

—Jo Daly, former San Francisco Police Commissioner

Anonymous, Breast Cancer

I have used medicinal cannabis legally in California for a year, after being diagnosed and treated for breast cancer. I have also been given prescription drugs that were not effective, that irritated my stomach, for which they wanted to prescribe more drugs. These medications were neither cost-effective nor useful, and I choose to use medicinal cannabis through a vaporizer as recommended by my physician, thereby bypassing the sometimes-harmful effects of smoking.

I, personally, would rather the federal government use their resources to go after the true criminals and terrorists that we have in our country, as opposed to persecuting the sick for whatever relief they may have from medical cannabis.

—Anonymous patient

Lyn Nofziger, Father of Cancer Patient

When our grown daughter was undergoing chemotherapy for lymph cancer, she was sick and vomiting constantly as a result of her treatments. No legal drugs, including Marinol, helped her. We finally turned to marijuana. With it, she kept her food down, was comfortable and even gained weight. Those who say Marinol and other drugs are satisfactory substitutes for marijuana may be right in some cases but certainly not in all cases.

If doctors can prescribe morphine and other addictive medicines, it makes no sense to deny marijuana to sick and dying patients when it can be provided on a carefully controlled, prescription basis.

—Lyn Nofziger, former senior adviser to President Ronald Reagan

THE EXPERIENCE OF DOCTORS

Howard D. Maccabee, M.D.

In my practice, I commonly use radiation therapy to treat the whole spectrum of solid malignant tumors. Radiation therapy is often used after surgery or chemotherapy, as a second stage in treatment. Sometimes, however, radiation therapy is used concurrently with chemotherapy, or even as the first or only modality of treatment.

I treat approximately 20 patients each day and provide follow-up care and/or consultation with another 5 or so patients a day. I currently have approximately 2,000 patients in various stages of follow-up to their initial treatment. Most of these are long-term survivors.

Because of the nature of some cancers, I must sometimes irradiate large portions of my patients' abdomens. Such patients often experience nau-

sea, vomiting, and other side effects. Because of the severity of these side effects, some of my patients choose to discontinue treatment altogether, even when they know that ceasing treatment could lead to death.

During the 1980s, I participated in a state-sponsored study of the effects of marijuana and THC (an active ingredient in marijuana) on nausea. It was my observation during this time that some patients smoked marijuana while hospitalized, often with the tacit approval of physicians. I also observed that medical marijuana was clinically effective in treating the nausea of some patients.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

"The American Academy of Family Physicians [supports] the use of marijuana ... under medical supervision and control for specific medical indications."

1996-1997 AAFP Reference Manual

During my career as a physician, I have witnessed cases where patients suffered from nausea or vomiting that could not be controlled by prescription anti-emetics. I frequently hear similar reports from colleagues treating cancer and AIDS patients. As a practical matter, some patients are unable to swallow pills because of the side effects of radiation therapy or chemotherapy, or because of the nature of the cancer (for instance, throat cancer). For these patients, medical marijuana can be an effective form of treatment.

—Howard D. Maccabee, M.D.

Debasish Tripathy, M.D.

Since 1993, I have been a physician at the UCSF Mount Zion Breast Care Center in San Francisco. My practice is devoted exclusively to breast cancer patients. I treat more than 1,000 patients. Approximately 100 of these patients are currently undergoing chemotherapy, a treatment utilizing various combinations of powerful medications. In some cases, the therapeutic dose of the medication we use is not far from the potentially lethal dose. Although chemotherapy is a widely used treatment in the treatment of many cancers, it can also cause severe adverse affects, which some patients are simply unable to tolerate. The most common adverse effects of chemotherapy are nausea and retching.

The nausea and retching associated with chemotherapy are often disabling and intractable. The severity of the symptoms and their medical consequences vary from patient to patient. In many cases, the immediate results are weight loss, fatigue, and chronic discomfort. The consequences can be far graver in patients whose health and functioning is already compromised. For example, the dangers associated with weight loss and malnutrition are greater in patients whose cancer has metastasized and attacked other parts of the body.

... I have prescribed Marinol to some of my patients and it has proven effective in some cases. However, scientific and anecdotal reports consistently indicate that smoking marijuana is a therapeutically preferable means of ingestion. Marinol is available in pill form only. Moreover, Marinol contains only one of the many ingredients found in marijuana (THC). It may be that the beneficial effects of THC are increased by the cumulative effect of additional substances found in cannabis. That is an area for future research. For whatever reason, smoking appears to result in faster, more effective relief, and dosage levels are more easily titrated and controlled in some patients.

Kate Scannell, MD

Because I was a cancer patient receiving chemotherapy at the same hospital where I worked, the women with whom I shared the suite quickly surmised that I was also a doctor. The clues were obvious: the colleagues dropping by, the "doctor" salutations from co-workers and the odd coincidence that one of my suite mates was also one of my patients.

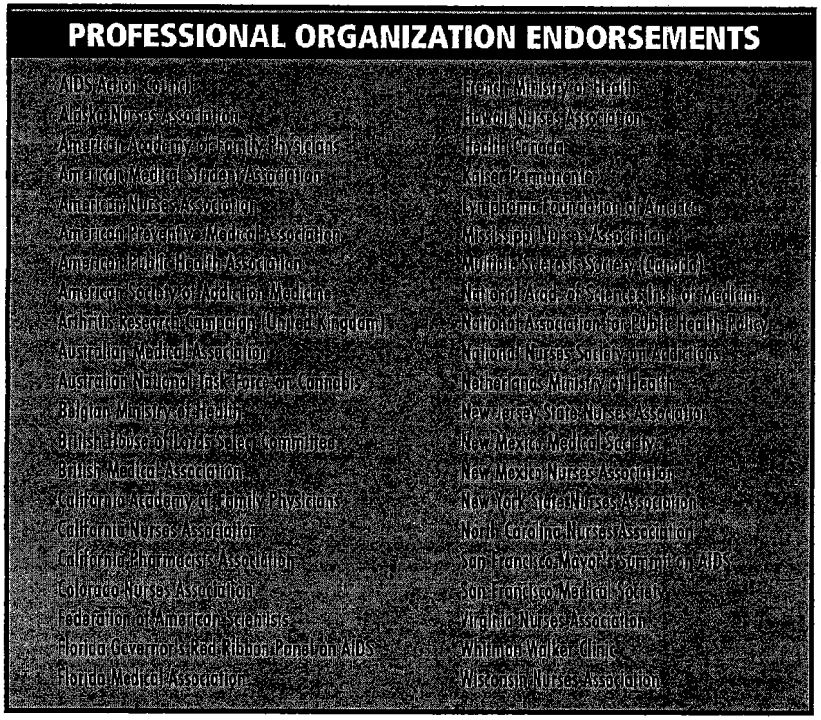
I braced myself for this woman's question, both wanting to make myself available to her but also wishing that the world could forget that I was a doctor for the moment. After receiving my cancer diagnosis, dealing with surgery and chemo-therapy and grappling with insistent reminders of my mortality, I had no desire to think about medicine or to experience myself as a physician in that oncology suite. And besides, the chemotherapy, anti-nauseants, sleep medications and prednisone were hampering my ability to think clearly.

So, after a gentle disclaimer about my clinical capabilities, I said I'd do my best to answer her question. She shoved her IV line out of the way and, with great effort and discomfort, rolled on her side to face me. Her belly was a pendulous sack bloated with ovarian cancer cells, and her eyes were vacant of any light. She became short of breath from the task of turning toward me.

"Tell me," she managed, "Do you think marijuana could help me? I feel so sick."

I winced. I knew about her wretched pain, her constant nausea and all the prescription drugs that had failed her —some of which also made her more constipated, less alert and even more nauseous. I knew about the internal derangements of chemotherapy, the terrible feeling that a

PROFESSIONAL ORGANIZATION ENDORSEMENTS



toxic swill is invading your bones, destroying your gut and softening your brain. I knew this woman was dying a prolonged and miserable death.

And, from years of clinical experience, I —like many other doctors — also knew that marijuana could actually help her. From working with AIDS and cancer patients, I repeatedly saw how marijuana could ameliorate a patient's debilitating fatigue, restore appetite, diminish pain, remedy nausea, cure vomiting and curtail down-to-the-bone weight loss. I could firmly attest to its benefits and wager the likelihood that it would decrease her suffering.

Still, federal law has forbidden doctors to . . . prescribe marijuana to patients [though doctors may legally recommend it.] In fact, in 1988 the Drug Enforcement Agency even rejected one of its own administrative law judge's conclusions supporting medicinal marijuana, after two full years of hearings on the issue.

Judge Francis Young recommended the change on grounds that "marijuana, in its natural form, is one of the safest therapeutically active substances known to man," and that it offered a "currently accepted medical use in treatment."

Doctors see all sorts of social injustices that are written on the human body, one person at a time. But this one —the rote denial of a palliative care drug like marijuana to people with serious illness —smacks of pure cruelty precisely because it is so easily remediable, precisely because it prioritizes service to a cold political agenda over the distressed lives and deaths of real human beings.

Washington bureaucrats —far removed from the troubled bedsides of sick and dying patients —are ignoring what patients and doctors and health care workers are telling them about real world suffering. The federal refusal to honor public referendums like California's voter-approved Medical Marijuana Initiative is bewildering. Its refusal to listen to doctors groups like the California Medical Association that support compassionate use of medical marijuana is chilling.

In a society that has witnessed extensive positive experiences with medicinal marijuana, as long as it is safe and not proven to be ineffective, why shouldn't seriously ill patients have access to it? Why should an old woman be made to die a horrible death for a hollow political symbol?

—Dr. Scannell is co-director of the Ethics Department of Kaiser-Permanente.

THE HISTORY OF CANNABIS AS MEDICINE

The history of the medical use of cannabis dates back to 2700 B.C. in the pharmacopoeia of Shen Nung, one of the fathers of Chinese medicine. In the west, it has been recognized as a valued, therapeutic herb for centuries. In 1823, Queen Victoria's personal physician, Sir Russell Reynolds, not only prescribed it to her for menstrual cramps but wrote in the first issue of *The Lancet*, "When pure and administered carefully, [it is] one of the of the most valuable medicines we possess." (Lancet 1; 1823).

The American Medical Association opposed the first federal law against cannabis with an article in its leading journal (108 J.A.M.A. 1543-44; 1937). Their representative, Dr. William C. Woodward, testified to Congress that "The American Medical Association knows of no evidence that marihuana is a dangerous drug," and that any prohibition "loses sight of the fact that future investigation may show that there are substantial medical uses for Cannabis." Cannabis remained part of the American pharmacopoeia until 1942 and is currently available by prescription in the Netherlands and Canada.

Federal Policy is Contradictory

Federal policy on medical cannabis is filled with contradictions. Cannabis is a Schedule I drug, classified as having no medicinal value and a high potential for abuse, yet its most psychoactive component, THC, is legally available as Marinol and is classified as Schedule III.

Even in America cannabis was widely prescribed until the turn of the century. Cannabis is now available by prescription in the Netherlands. Canada has been growing cannabis for patients there and plans to make it available in pharmacies as well. Ironically, the U.S. federal government also grows and provides cannabis for a small number of patients today.

In 1976 the federal government created the Investigational New Drug (IND) compassionate access research program to allow patients to receive medical cannabis from the government. The application process was extremely complicated, and few physicians became involved. In the first twelve years the government accepted about a half dozen patients. The federal government approved the distribution of up to nine pounds of cannabis a year to these patients, all of whom report being substantially helped by it.

In 1989 the FDA was deluged with new applications from people with AIDS, and 34 patients were approved within a year. In June 1991, the Public Health Service announced that the program would be suspended because it undercut the administration's opposition to the use of illegal drugs. The program was discontinued in March 1992, and the remaining patients had to sue the federal government on the basis of "medical necessity" to retain access to their medicine. Today, eight surviving patients still receive medical cannabis from the federal government, grown under a doctor's supervision at the University of Mississippi and paid for by federal tax dollars.

Despite this successful medical program and centuries of documented safe use, cannabis is still classified in America as a Schedule I substance. Healthcare advocates have tried to resolve this contradiction through legal and administrative channels. In 1972, a petition was submitted to reschedule cannabis so that it could be prescribed to patients.

The DEA stalled hearings for 16 years, but in 1988 their chief administrative law judge, Francis L. Young, ruled that, "Marijuana, in its natural form, is one of the safest therapeutically active substances known... It would be unreasonable, arbitrary and capricious for the DEA to continue to stand between those sufferers and the benefits of this substance."

The DEA refused to implement this ruling based on a procedural technicality and continues to classify cannabis as a substance with no medical use.

Widespread public support; state laws passed

Public opinion is clearly in favor of ending the prohibition of medical cannabis. According to a CNN/Time poll in November 2002, 80% of Americans support medical cannabis. The AARP, the national association whose 35 million members are over the age of fifty, released a national poll in December 2004 showing that nearly two-thirds of older Americans support legal access to medical marijuana. Support in the West, where most states that allow legal access are located, was strongest, at 82%, but at least 2 out of 3 everywhere agreed that "adults should be allowed to legally use marijuana for medical purposes if a physician recommends it."

NEW ENGLAND JOURNAL OF MEDICINE

"A federal policy that prohibits physicians from alleviating suffering by prescribing marijuana to seriously ill patients is misguided, heavy-handed, and inhumane.... It is also hypocritical to forbid physicians to prescribe marijuana while permitting them to prescribe morphine and meperidine to relieve extreme dyspnea and pain...there is no risk of death from smoking marijuana.... To demand evidence of therapeutic efficacy is equally hypocritical"

Jerome P. Kassirer, MD, editor
***N Engl J Med* 336:366-367, 1997**

The refusal of the federal government to act on this support has meant that patients have had to turn to the states for action. Since 1996, voters have passed favorable medical cannabis ballot initiatives in nine states plus such cities as Ann Arbor, Michigan and the District of Columbia, while the legislatures in Hawaii, Rhode Island, Vermont and Maryland have enacted similar bills. As of June 2006, medical cannabis legislation is under consideration in several states.

Currently, laws that effectively remove state-level criminal penalties for growing and/or possessing medical cannabis are in place in Alaska, California, Colorado, Hawaii, Maine, Maryland, Montana, Nevada, Oregon, Rhode Island, Vermont and Washington.

Thirty-six states have symbolic medical cannabis laws (laws that support medical cannabis but do not provide patients with legal protection under state law).

2005 U.S. Supreme Court ruling

In June 2005, the U.S. Supreme Court overturned a decision by a U.S. appeals court (*Raich v. Ashcroft*) that had exempted medical marijuana from federal prohibition. The 2005 decision, now called *Gonzales v. Raich*, ruled that federal officials may prosecute medical marijuana patients for possessing, consuming, and cultivating medical cannabis. But according to numerous legal opinions, that ruling does not affect individual states' medical marijuana programs, and only applies to prosecution in federal, not state, court.

Petitions for legal prescriptions pending

The federal Department of Health and Human Services (HHS) and the FDA are currently reviewing two legal petitions with broad implications for medical marijuana. The first, brought by ASA under the Data Quality Act, says HHS must correct its statements that there is no medical use for marijuana to reflect the many studies which have found it helpful for many conditions. Acknowledging legitimate medical use would then force the agency to consider allowing the prescribing of marijuana as they do other drugs, based on its relative safety.

DEA CHIEF ADMINISTRATIVE LAW JUDGE

"Marijuana, in its natural form, is one of the safest therapeutically active substances known... It would be unreasonable, arbitrary and capricious for the DEA to continue to stand between those sufferers and the benefits of this substance"

The Honorable Francis L. Young, ruling on DEA rescheduling hearings,1988

A separate petition, of which ASA is a co-signer, asks the Drug Enforcement Administration for a full, formal re-evaluation of marijuana's medical benefits, based on hundreds of recent medical research studies and two thousand years of documented human use.

Legal Citations

1. See "The Administration's Response to the Passage of California Proposition 215 and Arizona Proposition 200" (Dec. 30, 1996).
2. See Conant v. McCaffrey, 172 F.R.D. 681 (N.D. Cal. 1997).
3. See id.; Conant v. McCaffrey, 2000 WL 1281174 (N.D. Cal. 2000); Conant v. Walters, 309 F.3d 629 (9th Cir. 2002).
4. 309 F.3d 629 (9th Cir. 2002).
5. Id. at 634-36.
6. Criminal liability for aiding and abetting requires proof that the defendant "insome sort associate[d] himself with the venture, that he participate[d] in it as something that he wishe[d] to bring about, that he [sought] by his action to make it succeed." Conant v. McCaffrey, 172 F.R.D. 681, 700 (N.D. Cal. 1997) (quotation omitted). A conspiracy to obtain cannabis requires an agreement between two or more persons to do this, with both persons knowing this illegal objective and intending to help accomplish it. Id. at 700-01.
7. 309 F.3d at 634 & 636.
8. Conant v. McCaffrey, 2000 WL 1281174, at *16 (N.D. Cal. 2000).
9. 309 F.3d at 634.
10. See id.. at 635; Conant v. McCaffrey, 172 F.R.D. 681, 700-01 (N.D. Cal. 1997).

Research Citations

11. Abrams D I., et al (2003). Short-Term Effects of Cannabinoids in Patients with HIV-1 Infection: A Randomized, Placebo-Controlled Clinical Trial. Ann Intern Med. Aug 19;139(4):258-66.
12. Joy JE.et al (1999) Eds. Marijuana and Medicine: Assessing the Science Base. Washington, DC: Division of Neuroscience and Behavioral Health, Institute of Medicine.
13. British Medical Association (1997). Therapeutic Uses of Cannabis. Harwood Academic Pub.
14. House of Lords, Select Committee on Science and Technology, (1998). Cannabis: The Scientific and Medical Evidence. London, England: The Stationery Office, Parliament.
15. American Cancer Society (2003). Cancer Facts and Figures 2003. http://www.cancer.org/downloads/STT/CAFF2003PWSecured.pdf
16. Gieringer D (1996) "Review of the Human Studies on the Medical Use of Marijuana".. http://norml.org/medical/medmj.studies.shtml. See state studies at http://www.drugpolicy.org/
17. HallW et al (1994). The Health and Psychological Consequences of Cannabis Use, Canberra, Australian Government Publishing Service 189. http://www.druglibrary.org/
18. Guzman M (2003) Cannabinoids: potential anticancer agents. Nat Rev Cancer. 3(10): 745-55
19. Joy E (1999) op. cit., 259. (Chapter 4 of this report contains sections on nausea, vomiting, wasting syndrome and anorexia)
20. Doblin R, Kleiman MAR (1991). Marijuana as Antiemetic Medicine: A Survey of Oncologists' Experiences and Attitudes. J Clin Oncol,; 9: 1275-1290.
21. Knox RA. (1997). "Study may undercut marijuana opponents — Report says THC did not cause cancer." Boston Globe. January 30, p. 1(A).
22. James JS. (1997) "Medical Marijuana: Unpublished Federal Study Found THC- Treated Rats Lived Longer, Had Less Cancer." AIDS Treatment News.. 263. http://www.immunet.org/

23. Guzman M (2003). Cannabinoids: Potential Anticancer Agents. Nature Reviews, Cancer 3, 745 -755.
24. Blazquez Cet al (2003) Inhibition of tumor angiogenesis by cannabinoids. FASEB J. 17(3): 529-31. Epub Jan 02.
25. Sanchez C et al (2001). Inhibition of glioma growth in vivo by selective activation of the CB(2) cannabinoid receptor. Cancer Res. 61(15): 5784-9.
26. Casanova ML et al (2003). Inhibition of skin tumor growth and angiogenesis in vivo by activation of cannabinoid receptors. J Clin Invest. 111(1): 43-50
27. Jacobsson SO et al (2001). Inhibition of rat C6 glioma cell proliferation by endogenous and synthetic cannabinoids. Relative involvement of cannabinoid and vanilloid receptors. J Pharmacol Exp Ther. 2001 Dec;299(3): 951-9.
28. Galve-Roperph I et al (2000). Antitumoral action of cannabinoids: involvement of sustained ceramide accumulation of ERK activation. Nature Medicine 6 313-319; ACM Bulletin. "THC destroys brain cancer in animal research." http://www.acmed.org/english/2000/eb000305.html
29. Benard J (2000). Cannabinoids, among others, send malignant tumors to nirvana. Bull Cancer 87 299-300.
30. Di Marzo V et al (2001). Palmitoylethanolamide inhibits the expression of fatty acid amide hydrolase and enhances the anti-proliferative effect of anandamide in human breast cancer cells. Biochem J.. 15(358): 249-55.
31. Molnar J et al (2000). Membrane associated with antitumor effects of crocine-ginsenoside and cannabinoid derivatives. Anticancer Res 20 861-867.
32. Ruiz L et al (1999). Delta-9-tetrahydrocannabinol induces apoptosis in human prostate PC-3 cells via a receptor-independent mechanism. FEBS Letter 458 400-404.
33. Baek S et al (1998). Antitumor activity of cannabigerol against human oral epitheloid carcinoma cells. Arch Pharm Res 21 353-356.
34. Harris L et al (1976). Anti-tumoral Properties of Cannabinoids. The Pharmacology of Marihuana, ed. M. Braude et al., 2 vols., New York: Raven Press 2: 773-776 as cited by L. Grinspoon et al., Marihuana: The Forbidden Medicine (second edition), New Haven, CT: Yale University Press (1997), 173.
35. Toxicology and Carcinogenesis Studies of 1trans-delta-9-tetrahydrocannabinol in F344N/N Rats and BC63F1 Mice. National Institutes of Health National Toxicology Program, NIH Publication No. 97-3362 (November 1996).
36. De Petrocellis L et al (1998). The endogenous cannabinoid anandamide inhibits human breast cancer cell proliferation, Proceedings of the National Academy of Sciences 95 8375-8380. http://www.pnas.org/cgi/content/abstract/95/14/8375

37. "Pot Chemicals Might Inhibit Breast Tumors, Stroke Damage," Dallas Morning News, July 13, 1998.
38. Di Marzo V et al (2001). Palmitoylethanolamide inhibits the expression of fatty acid amide hydrolase and enhances the anti-proliferative effect of anandamide in human breast cancer cells.Biochem J. 358(Pt 1):249-55
39. Portella G et al (2003). Inhibitory effects of cannabinoid CB1 receptor stimulation on tumor growth and metastatic spreading: actions on signals involved in angiogenesis and metastasis.FASEB J. 17(12): 1771-3. Epub 2003 Jul 03.
40. Mimeault M et al (2003). Anti-proliferative and apoptotic effects of anandamide in human prostatic cancer cell lines: implication of epidermal growth factor receptor down-regulation and ceramide production. Prostate. 56(1): 1-12.
41. Ligresti A et al (2003). Possible endocannabinoid control of colorectal cancer growth. Gastroenterology. 125(3):677-87.
42. Gomez del Pulgar T et al (2002). De novo-synthesized ceramide is involved in cannabinoid-induced apoptosis. Biochem J. 363(Pt 1): 183-8.
43. Gomez Del Pulgar T et al (2002). Cannabinoids protect astrocytes from ceramide-induced apoptosis through the phosphatidylinositol 3-kinase/protein kinase B pathway. J Biol Chem. 277(39):36527-33. Epub Jul 19.
44. Gonzalez S et al (2000). Decreased cannabinoid CB1 receptor mRNA levels and immunoreactivity in pituitary hyperplasia induced by prolonged exposure to estrogens. Pituitary. 3(4):221-6.
45. Pagotto U et al (2001). Normal human pituitary gland and pituitary adenomas express cannabinoid receptor type 1 and synthesize endogenous cannabinoids: first evidence for a direct role of cannabinoids on hormone modulation at the human pituitary level. J Clin Endocrinol Metab. 86(6):2687-96
46. Rubovitch V, Gafni M, Sarne Y. (2002.) The cannabinoid agonist DALN positively modulates L-type voltage-dependent calcium-channels in N18TG2 neuroblastoma cells. Brain Res Mol Brain Res. 101(1-2):93-102.
47. Bifulco M et al (2001). Control by the endogenous cannabinoid system of ras oncogene-dependent tumor growth. FASEB J. 15(14):2745-7. Epub Oct 29.
48. Massi P et al (2004). Antitumor effects of cannabidiol, a nonpsychoative cannabinoid, on human glioma cell lines. JPET 308:838-845.
49. McAllister SD et al (2005). Cannabinoids selectively inhibit proliferation and induce death of cultured human glioblastoma multiforme cells. J Neurooncol. Aug;74(1):31-40.
50. Hazekamp A et al (2006). Evaluation of a vaporizing device (Volcano(R)) for the pulmonary administration of tetrahydrocannabinol. J Pharm Sci 95 (6) Apr 24: 1308-1317.

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The Honorable Francis L. Young,
Ruling on DEA rescheduling hearings, 1988

ADDITIONAL RESOURCES

Americans for Safe Access maintains a website with more resources for doctors and patients. There you will find the latest information on legal and legislative developments, new medical research, and what you can do to help protect the rights of patients and doctors.

ASA is the largest national member-based organization of patients, medical professionals, scientists and concerned citizens promoting safe and legal access to cannabis for therapeutic uses and research. ASA works in partnership with state, local, and national lawmakers to overcome barriers and create policies that improve access to cannabis for patients and researchers. We have more than 30,000 active members with chapters and affiliates in more than 40 states.

ASA provides medical information and legal training for patients, attorneys, health and medical professionals, and policymakers throughout the United States.

AmericansFor SafeAccess
FOUNDATION
Advancing Legal Medical Marijuana Therapeutics and Research

1322 Webster Street, Suite 402, Oakland, California 94612

GASTROINTESTINAL DISORDERS

AND

MEDICAL MARIJUANA

AmericansFor SafeAccess

FOUNDATION

Advancing Legal Medical Marijuana Therapeutics and Research

A Note from Americans for Safe Access

We are committed to ensuring safe, legal availability of marijuana for medical uses. This brochure is intended to help doctors, patients and policymakers better understand how marijuana—or "cannabis" as it is more properly called—may be used as a treatment for people with serious medical conditions. This booklet contains information about using cannabis as medicine. In it you'll find information on:

We recognize that information about using cannabis as medicine has been difficult to obtain. The federal prohibition on cannabis has meant that modern clinical research has been limited, to the detriment of medical science and the wellness of patients. But the documented history of the safe, medical use of cannabis dates to 2700 B.C. Cannabis was part of the American pharmacopoeia until 1942 and is currently available by prescription in the Netherlands and Canada.

Testimonials from both doctors and patients reveal valuable information on the use of cannabis therapies, and supporting statements from professional health organizations and leading medical journals support its legitimacy as a medicine. In the last few years, clinical trials in Great Britain, Canada, Spain, Israel, and elsewhere have shown great promise for new medical applications.

This brochure is intended to be a starting point for the consideration of applying cannabis therapies to specific conditions; it is not intended to replace the training and expertise of physicians with regard to medicine, or attorneys with regard to the law. But as patients, doctors and advocates who have been working intimately with these issues for many years, Americans for Safe Access has seen firsthand how helpful cannabis can be for a wide variety of indications. We know doctors want the freedom to practice medicine and patients the freedom to make decisions about their healthcare.

For more information about ASA and the work we do, please see our website at **AmericansForSafeAccess.org** or call **1-888-929-4367**.

Is Cannabis Legal to Recommend?

In 2004, the United States Supreme Court upheld earlier federal court decisions that doctors have a fundamental Constitutional right to recommend cannabis to their patients.

The history. Within weeks of California voters legalizing medical cannabis in 1996, federal officials had threatened to revoke the prescribing privileges of any physicians who recommended cannabis to their patients for medical use.[1] In response, a group of doctors and patients led by AIDS specialist Dr. Marcus Conant filed suit against the government, contending that such a policy violates the First Amendment.[2] The federal courts agreed at first the district level,[3] then all the way through appeals to the Ninth Circuit and then the Supreme Court.

What doctors may and may not do. In *Conant v. Walters,*[4] the Ninth Circuit Court of Appeals held that the federal government could neither punish nor threaten a doctor merely for recommending the use of cannabis to a patient.[5] But it remains illegal for a doctor to "aid and abet" a patient in obtaining cannabis.[6] This means a physician may discuss the pros and cons of medical cannabis with any patient, and issue a written or oral recommendation to use cannabis without fear of legal reprisal.[7] This is true regardless of whether the physician anticipates that the patient will, in turn, use this recommendation to obtain cannabis.[8] What physicians may not do is actually prescribe or dispense cannabis to a patient[9] or tell patients how to use a written recommendation to procure it from a cannabis club or dispensary.[10] Doctors can tell patients they may be helped by cannabis. They can put that in writing. They just can't help patients obtain the cannabis itself.


Angel Raich & Dr. Frank Lucido

Patients protected under state, not federal, law. In June 2005, the U.S. Supreme Court overturned the *Raich v. Ashcroft* Ninth Circuit Court of Appeals decision. In reversing the lower court's ruling, *Gonzales v. Raich* established that it is legal under federal law to prosecute patients who possess, grow, or consume medical cannabis in medical cannabis states. However, this Supreme Court decision does not overturn or supersede the laws in states with medical cannabis programs.

For assistance with determining how best to write a legal recommendation for cannabis, please contact ASA at 1-888-929-4367.

Scientific Research Supports Medical Cannabis

Between 1840 and 1900, European and American medical journals published more than 100 articles on the therapeutic use of the drug known then as Cannabis Indica (or Indian hemp) and now simply as cannabis. Today, new studies are being published in peer-reviewed journals that demonstrate cannabis has medical value in treating patients with serious illnesses such as AIDS, glaucoma, cancer, multiple sclerosis, epilepsy, and chronic pain.

The safety of the drug has been attested to by numerous studies and reports, including the *LaGuardia Report* of 1944, the *Schafer Commission Report* of 1972, a 1997 study conducted by the British House of Lords, the Institutes of Medicine report of 1999, research sponsored by Health Canada, and numerous studies conducted in the Netherlands, where cannabis has been quasi-legal since 1976 and is currently available from pharmacies by prescription.

Recent published research on CD4 immunity in AIDS patients found no compromise to the immune systems of patients undergoing cannabis therapy in clinical trials.[11]

The use of medical cannabis has been endorsed by numerous professional organizations, including the American Academy of Family Physicians, the American Public Health Association, and the American Nurses Association. Its use is supported by such leading medical publications as *The New England Journal of Medicine* and *The Lancet*.

Recent Research Advances

While research has until recently been sharply limited by federal prohibition, the last few years have seen rapid change. The International Cannabinoid Research Society was formally incorporated as a scientific research organization in 1991. Membership in the Society has more than tripled from about 50 members in the first year to over 300 in 2005. The International Association for Cannabis as Medicine (IACM) was founded in March 2000. It publishes a bi-weekly newsletter and the IACM-Bulletin, and holds a bi-annual symposium to highlight emerging research in cannabis therapeutics. The University of California established the Center for Medicinal Cannabis Research in 2001. As of June 2006, the CMCR has 17 approved studies, including research on cancer pain, nausea control in chemotherapy, general analgesia and a proposed study on refractory cancer pain.

In the United Kingdom, GW Pharmaceuticals has been granted a clinical trial exemption certificate by the Medicines Control Agency to conduct clinical studies with cannabis-based medicines. The exemption includes investigations in the relief of pain of neurological origin and defects of neurological function in the following indications: multiple sclerosis (MS), spinal cord injury, peripheral nerve injury, central nervous system damage, neuroinvasive cancer, dystonias, cerebral vascular accident and spina bifida, as well as for the relief of pain and inflammation in rheumatoid arthritis and also pain relief in brachial plexus injury.

GW has completed Phase III studies in patients with MS neuropathic pain and spasticity, and Phase II trials on perioperative pain, rheumatoid arthritis, peripheral neuropathy secondary to diabetes mellitus or AIDS, and patients with neurogenic symptoms.

These trials have provided positive results and confirmed an excellent safety profile for cannabis-based medicines. In 2002, GW conducted five Phase III trials of its cannabis derivatives, including a double-blind, placebo-controlled trial with a sublingual spray containing THC in more than 100 patients with cancer pain. In total, more than 1,000 patients are currently involved in phase III trials in the UK.

In 2002 GW Pharmaceuticals received an IND approval to commence phase II clinical trials in Canada in patients with chronic pain, multiple sclerosis and spinal cord injury, and in April 2005 GW received regulatory approval to distribute Sativex in Canada for the relief of neuropathic pain in adults with Multiple Sclerosis. Following meetings with the FDA, DEA, the Office for National Drug Control Policy, and the National Institute for Drug Abuse, GW was granted an import license from the DEA and has imported its first cannabis extracts into the U.S., and in January of 2006 was granted permission to begin Phase III clinical trials into cancer pain.

CANNABIS AND GI DISORDERS

The effectiveness of cannabis for treating symptoms related to gastrointestinal disorders is widely recognized. Its value as an anti-emetic and analgesic has been proven in numerous studies and has been acknowledged by several comprehensive, government-sponsored reviews, including those conducted by the Institute of Medicine (IOM), the U.K.

House of Lords Science and Technology Committee, the Australian National Task Force on Cannabis, and others. The IOM concluded, "For patients . . . who suffer simultaneously from severe pain, nausea, and appetite loss, cannabinoid drugs might offer broad-spectrum relief not found in any other single medication."[12]

The most common gastrointestinal disorders-Irritable Bowel Syndrome and Inflammatory Bowel Disease-affect millions of people. The disorders are different, but each causes a great deal of discomfort and distress and both can be disabling. Painful cramping, chronic diarrhea or constipation, nausea, and inflammation of the intestines are all symptoms of these GI disorders that can be alleviated by cannabis.

Irritable Bowel Syndrome (IBS) is a common disorder of the intestines that leads to stomach pain, gassiness, bloating, constipation, diarrhea or both. Chronic, painful abdominal cramping is common. The cause of IBS is not known, and there is no cure. Researchers have found that the colon muscle of a person with IBS begins to spasm after only mild stimulation. IBS is at least partly a disorder affecting colon motility and sensation.

Inflammatory Bowel Disease (IBD) refers to both Ulcerative Colitis and Crohn's Disease. Ulcerative colitis causes inflammation of the lining of the large intestine, while Crohn's disease causes inflammation of the lining and wall of the large and/or small intestine. The causes of IBD are not known, but there are indications that the disease has a genetic component. The immune system changes that accompany IBD suggest that it may be an immune disorder.

The most common symptoms of Crohn's Disease are pain in the abdomen, diarrhea, and weight loss. There may also be rectal bleeding and fever. The most common complications of Crohn's Disease are blockage of the intestine and ulceration that breaks through into surrounding tissues. Surgery is sometimes required.

The symptoms of Ulcerative Colitis include diarrhea, abdominal cramps, and rectal bleeding. Some people may be very tired and have weight loss, loss of appetite, abdominal pain, and loss of body fluids and nutrients. Joint pain, liver problems, and redness and swelling of the eyes can also occur. Hospitalization and surgery are sometimes needed.

Research on cannabis and GI disorders

Research suggests that cannabis is effective in treating the symptoms of these GI disorders in part because it interacts with the endogenous cannabinoid receptors in the digestive tract, which can result in calming spasms, assuaging pain, and improving motility. Cannabis has also been shown to have anti-inflammatory properties[13-15] and recent research has

demonstrated that cannabinoids are immune system modulators, either enhancing or suppressing immune response.[16-17]

Cannabis has a long documented history of use in treating GI distress, going back more than a century in western medicine, and far longer in the east. While clinical studies on the use of cannabis for the treatment of gastrointestinal disorders have been largely limited to investigations on nausea suppression and appetite stimulation—two conditions for which cannabis has been consistently shown to be highly effective[18-29]—the evidence in support of cannabis therapy for other gastrointestinal diseases and disorders is also strong. There is now extensive anecdotal evidence from patients with IBS, Crohn's disease and other painful GI disorders that cannabis eases cramping and helps modulate diarrhea, constipation and acid reflux. Recent laboratory research on the endogenous cannabinoid system in humans has identified that there are many cannabinoid receptors located in both the large and small intestines.[30-35]

Cannabis and new cannabinoid drugs are attractive for GI treatment because they can address a number of symptoms at once with minimal side effects. Cannabinoids alter how the gut feels, affect the signals the brain sends back and forth to the gut and modulate the actions of the GI tract itself.[36-38]

Beginning in the 1970s, a series of human clinical trials established cannabis' ability to stimulate food intake and weight gain in healthy volunteers. In a randomized trial, THC significantly improved appetite and nausea in comparison with placebo. There were also trends towards improved mood and weight gain. Unwanted effects were generally mild or moderate in intensity. Cannabis helps combat the painful and often debilitating cramping that accompanies many GI disorders because cannabinoids relax contractions of the smooth muscle of the intestines. In fact, smooth-muscle relaxant properties of cannabinoids are so well established that preparations of guinea-pig intestine are routinely used as an in vitro screening tool to test the potency and function of synthetic cannabinoids.

Research on a variety of rodents has shown that endogenous cannabi-

noids play crucial neuromodulatory roles in controlling the operation of the gastrointestinal system, with synthetic and natural cannabinoids acting powerfully to control gastrointestinal motility and inflammation. Cannabinoid receptors comprise G-protein coupled receptors that are predominantly in enteric and central neurones (CB1R) and immune cells (CB2R). The digestive tract contains endogenous cannabinoids (anandamide and 2-arachidonylglycerol) and cannabinoid CB1 receptors can be found on myenteric and submucosal nerves. Activating cannabinoid receptors has been demonstrated to inhibit gastrointestinal fluid secretion and inflammation in animal models.[39-50]

In the last decade, evidence obtained from the use of selective agonists and inverse agonists/antagonists indicates that manipulation of CB1R can have significant results.[51] Research has also shown that in the case of intestinal inflammation, the body will increase the number of cannabinoid receptors in the area in an attempt to regulate the inflammation by processing more cannabinoids.[52]

Cannabinoids have a demonstrated ability to block spinal, peripheral and gastrointestinal mechanisms that promote pain in IBS and related disorders.[53] Animal research also indicates that cannabinoids work well in controlling gastroesophageal reflux disease, a condition in which gastric acids attack the esophagus and for which commonly prescribed medications, such as atropine, have serious adverse side effects.[54-56]

From this evidence, many researchers have concluded that pharmacological modulation of the endogenous cannabinoid system provides new treatment options for a number of gastrointestinal diseases, including nausea and vomiting, gastric ulcers, irritable bowel syndrome, Crohn's disease, secretory diarrhea, paralytic ileus and gastroesophageal reflux disease.[57-60] The experience of patients with these GI disorders shows that for broad-spectrum relief, cannabis is highly effective and frequently helps when other treatment options prove ineffective.

How Cannabis Compares to Other Treatments

The medications currently employed to fight chronic GI disorders include many that produce serious side effects. These side effects frequently threaten the health of the patient and require other medications to combat them. Drugs commonly prescribed to combat GI disorders include:

Megestrol acetate (Megace), an anticachectic. Serious side effects of this medicine include high blood pressure, diabetes, inflammation of the blood vessels, congestive heart failure, seizures, and pneumonia. Less serious side effects of this medicine include diarrhea, flatulence, nausea, vomiting, constipation, heartburn, dry mouth, increased salivation, and thrush; impotence, decreased libido, urinary frequency, urinary incontinence, urinary tract infection, vaginal bleeding and discharge; disease of the heart, palpitation, chest pain, chest pressure, and edema; pharyngitis, lung disorders, and rapid breathing; insomnia, headache, weakness, numbness, seizures, depression, and abnormal thinking.

Prednisone (Delatasone), like all steroids, can have serious adverse musculoskeletal, gastrointestinal, dermatologic, neurological, endocrine, and ophthalmic side effects. These include: congestive heart failure in susceptible patients, potassium loss, hypokalemic alkalosis, sodium retention, and hypertension. Muscle weakness, steriod myopathy, loss of muscle mass, osteoporosis, tendon rupture, vertebral compression fractures, aseptic necrosis of femoral and humeral heads, and pathologic fracture of long bones. Peptic ulcer with possible perforation and hemorrhage; pancreatitis; abdominal distention; ulcerative esophagitis. Impaired wound healing, thin fragile skin, petechiae and ecchymoses, facial erythema. Increased intracranial pressure (pseudo-tumor cerebri) usually after treatment, convulsions, vertigo, and headache. Menstrual irregularities; development of Cushingoid state; secondary adrenocortical and pituitary unresponsiveness; decreased carbohydrate tolerance; manifestations of latent diabetes mellitus. Posterior subcapsular cataracts, increased intraocular pressure, glaucoma, and exophthalmos.

INSTITUTE OF MEDICINE

"Nausea, appetite loss, pain and anxiety . . all can be mitigated by marijuana.... For patients, such as those with AIDS or undergoing chemotherapy, who suffer simultaneously from severe pain, nausea, and appetite loss, cannabinoid drugs might offer broad spectrum relief not found in any other single medication."

***Marijuana and Medicine: Assessing the Science Base*, 1999**

Metronidazole (Flagyl) has been shown to be carcinogenic in mice and rats. Two serious adverse reactions reported in patients treated with Metronidazole have been convulsive seizures and peripheral neuropathy, the latter characterized mainly by numbness or paresthesia of an extremity. The most common adverse reactions reported have been referable to the gastrointestinal tract, particularly nausea reported by about 12% of patients, sometimes accompanied by headache, anorexia, and occasionally vomiting; diarrhea; epigastric distress, and abdominal cramping. Constipation has been reported.

Sulfasalazine (Azulfidine)—The most common adverse reactions associated with sulfasalazine are anorexia, headache, nausea, vomiting, gastric distress, and apparently reversible oligospermia. These occur in about

one-third of the patients. Less frequent adverse reactions are pruritus, urticaria, fever, Heinz body anemia, hemolytic anemia and cyanosis, which may occur at a frequency of one in every thirty patients or less.

Chlordiazepoxide/Clidinium (Librax)—Drowsiness, ataxia and confusion have been reported in some patients, particularly the elderly and debilitated. Adverse effects reported with use of Librax are those typical of anticholinergic agents, i.e., dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Withdrawal symptoms, similar in character to those noted with barbiturates and alcohol (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating), have occurred following abrupt discontinuance of chlordiazepoxide.

Hyoscyamine Sulfate (Levsin)—Adverse reactions may include dryness of the mouth; urinary hesitancy and retention; blurred vision; tachycardia; palpitations; mydriasis; cycloplegia; increased ocular tension; loss of taste; headache; nervousness; drowsiness; weakness; dizziness; insomnia; nausea; vomiting; impotence; suppression of lactation; constipation; bloated feeling; allergic reactions or drug idiosyncrasies; urticaria and other dermal manifestations; ataxia; speech disturbance; some degree of mental confusion and/or excitement (especially in elderly persons); and decreased sweating.

Mesalamine CR (Pentasa)—The most common side effects are diarrhea, headache, nausea, abdominal pain, dyspepsia, vomiting, and rash.

Phosphorated carbohydrate (Emetrol)—Side effects include: fainting; swelling of face, arms, and legs; unusual bleeding; vomiting; weight loss; yellow eyes or skin. Less common-more common with large doses: Diarrhea; stomach or abdominal pain.

Dicyclomine (Bentyl)—The most common side effects occurring with dicyclomine are due to its anticholinergic activity: dry mouth, blurred vision, confusion, agitation, increased heart rate, heart palpitations, constipation, difficulty urinating, and occasionally seizures can occur. Other potential side effects include changes in taste perception, difficulty swallowing, headache, nervousness, drowsiness, weakness, dizziness, impotence, flushing, difficulty falling asleep, nausea, vomiting, rash, and a bloated feeling.

Ciprofloxacin (Cipro)—The most frequent side effects include nausea, vomiting, diarrhea, abdominal pain, rash, headache, and restlessness. Rare allergic reactions have been described, such as hives and anaphylaxis.

Methotrexate (Rheumatrex, Trexall)—can cause severe toxicity that is usually related to the dose taken. The most frequent reactions include mouth sores, stomach upset, and low white blood counts. Methotrexate can cause severe toxicity of the liver and bone marrow, which require regular monitoring with blood testing. It can cause headache and drowsiness, which may resolve if the dose is lowered. Methotrexate can cause itching, skin rash, dizziness, and hair loss. A dry, non-productive cough can be a result of a rare lung toxicity.

Diphenoxylate and **atropine** (Lotomil)—The most common side effects include drowsiness, dizziness, and headache, nausea or vomiting, and dry mouth. Euphoria, depression, lethargy, restlessness, numbness of extremities, loss of appetite, and abdominal pain or discomfort have been reported less frequently. Although the dose of atropine in Lomotil is too low to cause side effects when taken in the recommended doses, side effects of atropine (including dryness of the skin and mucous membranes, increased heart rate, urinary retention, and increased body temperature) have been reported, particularly in children under two.

Cannabis—By comparison, the side effects associated with cannabis are typically mild and are classified as "low risk." Euphoric mood changes are among the most frequent side effects. Cannabinoids can exacerbate schizophrenic psychosis in predisposed persons. Cannabinoids impede cognitive and psychomotor performance, resulting in temporary impairment. Chronic use can lead to the development of tolerance. Tachycardia and hypotension are frequently documented as adverse events in the cardiovascular system. A few cases of myocardial ischemia have been reported in young and previously healthy patients. Inhaling the smoke of cannabis cigarettes induces side effects on the respiratory system. Cannabinoids are contraindicated for patients with a history of cardiac ischemias. In summary, a low risk profile is evident from the literature available. Serious complications are very rare and are not usually reported during the use of cannabinoids for medical indications.

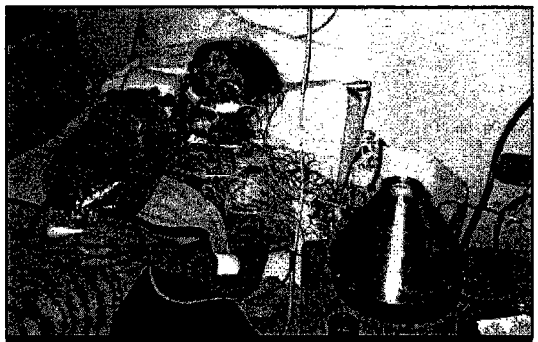
Is cannabis safe to recommend?

"The smoking of cannabis, even long term, is not harmful to health...." So began a 1995 editorial statement of Great Britain's leading medical

journal, The Lancet. The long history of human use of cannabis also attests to its safety—nearly 5,000 years of documented use without a single death. In the same year as the *Lancet* editorial, Dr. Lester Grinspoon, a professor emeritus at Harvard Medical School who has published many influential books and articles on medical use of cannabis, had this to say in an article in the *Journal of the American Medical Association* (1995):

> "One of marihuana's greatest advantages as a medicine is its remarkable safety. It has little effect on major physiological functions. There is no known case of a lethal overdose; on the basis of animal models, the ratio of lethal to effective dose is estimated as 40,000 to 1. By comparison, the ratio is between 3 and 50 to 1 for secobarbital and between 4 and 10 to 1 for ethanol. Marihuana is also far less addictive and far less subject to abuse than many drugs now used as muscle relaxants, hypnotics, and analgesics. The chief legitimate concern is the effect of smoking on the lungs. Cannabis smoke carries even more tars and other particulate matter than tobacco smoke. But the amount smoked is much less, especially in medical use, and once marihuana is an openly recognized medicine, solutions may be found; ultimately a technology for the inhalation of cannabinoid vapors could be developed."

The technology Dr. Grinspoon imagined in 1995 now exists in the form of "vaporizers," (which are widely available through stores and by mail-order) and recent research attests to their efficacy and safety.[61]



Angel Raich using a vaporizer in the hospital

Additionally, pharmaceutical companies have developed sublingual sprays and tablet forms of the drug. Patients and doctors have found other ways to avoid the potential problems associated with smoking, though long-term studies of even the heaviest users in Jamaica, Turkey and the U.S. have not found increased incidence of lung disease or other respiratory problems. As Dr. Grinspoon goes on to say, "the greatest danger in medical use of marihuana is its illegality, which imposes much anxiety and expense on suffering people, forces them to bargain with illicit drug dealers, and exposes them to the threat of criminal prosecution." This was the same conclusion reached by the House of Lords report, which recommended rescheduling and decriminalization, both of which were enacted in Great Britain in 2004.

Cannabis or Marinol?

Those committed to the prohibition on cannabis frequently cite Marinol, a Schedule III drug, as the legal means to obtain the benefits of cannabis. However, Marinol, which is a synthetic form of THC, does not deliver the same therapeutic benefits as the natural herb, which contains at least another 60 cannabinoids in addition to THC. Recent research conducted by GW Pharmaceuticals in Great Britain has shown that Marinol is simply not as effective for pain management as the whole plant; a balance of cannabinoids, specifically CBC and CBD with THC, is what helps patients most. In fact, Marinol is not labeled for pain, only appetite stimulation and nausea control. But studies have found that many severely nauseated patients experience difficulty in getting and keeping a pill down, a problem avoided with inhaled cannabis.

Clinical research on Marinol vs. cannabis has been limited by federal restrictions, but a New Mexico state research program conducted from 1978 to 1986 provided cannabis or Marinol to about 250 cancer patients for whom conventional medications had failed to control the nausea and vomiting associated with chemotherapy. At a DEA hearing, a physician with the program testified that cannabis was clearly superior to both Chlorpromazine and Marinol for these patients. Additionally, patients frequently have difficulty getting the right dose with Marinol, while inhaled cannabis allows for easier titration and avoids the negative side effects many report with Marinol. As the House of Lords report states, "Some users of both find cannabis itself more effective."

THE EXPERIENCE OF PATIENTS

Bruce Buckner

My name is Bruce Buckner. I am a 48-year old computer pre-press technician and webmaster from Seattle, WA. I play music with a couple different bands for fun and profit as well.

I remember my first bouts of abdominal cramping and diarrhea around the age of nine or ten. I was told I was suffering from colitis, that it was just a "nervous stomach." It was always particularly bad on days I woke early to go somewhere, so the "nervous stomach" diagnosis kind of made sense. The cramping and frequent bowel movements continued. I was going to the bathroom a dozen times a day. I was always of slight build but by the age of twelve my weight had dropped off the "low normal" range of the height/weight charts. I became drastically under-

weight (I am a 48-year-old male who weighs 114 lbs.)

While attending the University of Oregon in Eugene, I was suffering from a particularly bad flare-up. I developed psoriasis, and started getting little red bumps on my lower legs, which I scratched into sores. I was very fortunate that the young doctor I saw was very familiar with Crohn's (his wife had it). He was able to diagnose it right away, although he still made me undergo a colonoscopy the following week, which confirmed his diagnosis. He started me on sulfasalazine. This caused severe nausea and vomiting. The cure was much worse than the disease. The doctor gave me steroids (prednisone). This made me lay awake all night sweating. I was making all kinds of stupid mistakes—I backed my car into a light post, I lost my temper easily, I couldn't handle the sleep deprivation and stopped taking the steroids. In 1972 my doctor told me his wife found that smoking pot helped. Whenever I was cramping, I smoked a couple joints from that point on.

Through the seventies and eighties, I worked in the music business. My occupations allowed me to wake slowly, work late hours, and smoke lots of pot. Coincidentally, my Crohn's was in almost total remission. I still had occasional bouts of leg sores and cramping and diarrhea, but the cramping and bowel movements would subside after a couple hours and I would be OK the rest of the day. I was still underweight, but I could eat two or three times a day.

After changing jobs and suffering through several years of flare ups, I realized smoking a little pot helped lessen the cramping, increased my appetite and helped me feel a little better. But smoking a lot of pot (a big joint every hour and a half) would keep the disease in a state of almost total remission. I would have only one to three bowel movements in the morning, minimal morning cramping, I could eat any food I wanted; even my leg sores would go away.

I have several relatives with Crohn's Disease. Every one of them has had major surgery. Every one of them has had complications from the steroids and immune suppressors they have been prescribed. Most no longer have functioning excretory systems and are wearing pouches.

I went to a specialist who stated "Frankly, I can't believe you could have gone thirty years with Crohn's without major medical intervention, I have to question whether you really have Crohn's." He ordered an "enteroclysis" (a horrible procedure that I wouldn't wish on anyone) which showed definite scarring and narrowing in my terminal ileum. The doctor had to admit that I did have Crohn's and that I had kept the disease in control with marijuana.

I am firmly convinced that I would be in the same condition as my relatives with Crohn's, if I hadn't used pot. The medical use of marijuana has saved my colon and my quality of life.

Fernando Mosquera

I have personally been waging a lifelong battle with Crohn's disease, a battle in which medical marijuana has proven to be a great ally. Crohn's disease causes inflammation affecting the entire gastrointestinal tract. During flare-ups, the symptoms can be paralyzing; over the past ten years my life has been brought to a stop by sharp, debilitating stomach pain, constant diarrhea (at its worst I spent entire days on the toilet screaming in pain), blood in the stool and severe weight loss. Medicine has made little progress in the search for a cure and doesn't even fully understand the cause of the illness. The most popular way to control Crohn's is with Prednisone, a multi-purpose steroid drug that can cause psychosis, stunted growth, high blood pressure, weak bones and glaucoma.

FEDERATION OF AMERICAN SCIENTISTS

"Based on much evidence, from patients and doctors alike, on the superior effectiveness and safety of whole cannabis compared to other medications,... the President should instruct the NIH and the FDA to make efforts to enroll seriously ill patients whose physicians believe that whole cannabis would be helpful to their conditions in clinical trials"

FAS Petition on Medical Marijuana, 1994

The manufacturer of Prednisone recommends it be used in short spurts to minimize side effects, but during my adolescence I was kept on high doses of the drug for prolonged periods of time. Prednisone couldn't control my illness, and even worse it went to work on my body and mind, stunting my growth, causing mood shifts and water retention, and putting me at risk for osteoporosis. I tried all the treatments available, even attempting an "elemental diet:" breakfast, lunch and dinner served through a tube that ran up my nose and down to my stomach. This failed too, and I had to be home-schooled through high school, spending my days lying in bed clutching my stomach in agony, hoping the constant diarrhea would stop.

A writing career led me to California, where I discovered a medical marijuana regimen of smoking before and after meals made the symptoms of my Crohn's disease disappear. Under California's Proposition 215, I had the legal right to use a medicine that proved far more effective than anything my doctors had tried.

The alternative is Marinol, a legal prescription medicine that contains a synthetic version of tetrahydrocannabinol (THC), the main active ingre-

dient in natural marijuana. Marinol has several disadvantages: 1) It takes much longer to work, especially after meals when I need relief the most; 2) It is difficult to have the right amount. I either end up being too stoned to function or not medicated enough; and 3) THC is not the only active compound in marijuana, and research shows the anti-inflammatory effect of marijuana is likely a result not of THC, but of cannabidiol, a separate chemical not contained in Marinol.

Rose Wheeler

I'm a 40-year-old wife and mother of two young boys who was diagnosed with Crohn's disease in September of 1993, while my husband was stationed in Austria. The best way I could describe my symptoms was that food was POISON to me. When I ate or drank ANYTHING, within 5 minutes I was on the toilet bent over in severe pain and experiencing hot flashes. I spent more time in the bathroom than any other place in my home. I was very weak, nauseated. With every bowel movement there was much blood and mucus, and I became seriously depressed. It was very difficult for me to care for my children.

AMERICAN NURSES ASSOCIATION

In 2003 the American Nurses Association passed a resolution that supports those health care providers who recommend medicinal use, recognizes "the right of patients to have safe access to therapeutic marijuana/cannabis," and calls for more research and education, as well as a rescheduling of marijuana for medical use.

At this time, not knowing what was wrong with me, I could only think that I was actually going to die. My abdomen felt bruised all the time, and the last thing I wanted to do was eat. I then began what seemed a roller coaster ride of seeing different doctors and having different tests done, which to say the least made me in more pain than ever. The doctors told me the small bowel series revealed findings consistent with Crohn's disease. I was still not prescribed any meds for my symptoms. The doctors felt it was better to give me a consult to see a doctor for further testing, and to begin my treatment after our return to the States.

I then was introduced to marijuana before leaving Austria, and within 1 hour I could not believe that the pain, bowel movements and ALL my other symptoms were relieved. Now my major concern was the illegality of marijuana, and putting my husband at risk in his military career. I had serious thoughts of getting busted and my children being taken from me. I quit the marijuana after a week of smoking it, only to have all those terrible symptoms return.

Once we returned to the states I began taking 750mg of flagyl,1500mg of azulfidine, and 1mg of folic acid per day. My life started to turn for the better. But after two years, I began experiencing migraines and feeling as though I was going to pass out at times. I then chose to try smoking marijuana. I felt no one could know I was smoking, not even my husband. I wanted to so badly tell my doctor how much smoking marijuana had relieved my symptoms, but knew I couldn't. I will never forget my last visit to my doctor, telling him that my symptoms were gone and I wanted to quit the meds. He agreed with me that the migraines and dizzy spells were a side effect of the meds. I have not taken any prescription meds for my Crohn's since 1995.

Erin Hildebrandt

My name is Erin Hildebrandt, and I'm a 34-year-old wife and stay-at-home mom to five kids, ages 3 to 9. I suffer from Crohn's Disease, a disease for which there is no known cure; therefore, symptom control is the goal of treatment. Marijuana is not a panacea, but it's the only medicine I've found that controls a large number of my most debilitating symptoms. Compared to the dozens of truly dangerous pharmaceuticals first given to me by doctors, the cannabis recommended by a friend, and subsequently endorsed by my doctor, is more effective and has fewer side-effects. For me, Crohn's Disease produces severe nausea, vomiting, diarrhea, intractable pain, cramping, fever, sweating, chills, bloating, and weight loss. I can only compare it to the worst case of food poisoning I can imagine, except that it doesn't just go away after a day or two. It comes back again and again, varying in both intensity and duration. During the worst attacks, proper nutrition and exercise are an often insurmountable challenge. However, through the use of marijuana, I feel well enough to function more normally. In addition, with consistent therapeutic use, the inflammation in my digestive tract stays under control, and I'm able to bring my disease into remission.

THE EXPERIENCE OF DOCTORS

Kate Scannell, M.D.

From working with AIDS and cancer patients, I repeatedly saw how marijuana could ameliorate a patient's debilitating fatigue, restore appetite, diminish pain, remedy nausea, cure vomiting and curtail down-to-the-bone weight loss. The federal obsession with a political agenda that keeps marijuana out of the hands of sick and dying people is appalling and irrational.

Kate Scannell, M.D. is Co-Director, Kaiser-Permanente, Northern California Ethics Department.

Marcus A. Conant, M.D.

Medical marijuana. . . stimulates the appetite and promotes weight gain, in turn strengthening the body, combating chronic fatigue, and providing the stamina and physical well-being necessary to endure or withstand both adverse side effects of ongoing treatment and other opportunistic infections. It has been shown effective in reducing nausea, neurological pain and anxiety, and in stimulating appetite. When these symptoms are associated with (or caused by) other therapies, marijuana has been useful in facilitating compliance with more traditional therapies. It may also allow individual patients to engage in normal social interactions and avoid the despair and isolation which frequently accompanies long-term discomfort and illness. ...

I was one of the principal investigators of an FDA-supervised trial conducted by Unimed, Inc. on the safety and efficacy of Marinol as an appetite stimulant in HIV/AIDS patients suffering from wasting syndrome. Marinol is a form of THC, one of the key active components of marijuana; it is essentially a marijuana extract. It was approved by the FDA five years ago, and has been widely prescribed by physicians treating both AIDS and cancer patients. ...I am aware, however, that Marinol (like any medication) is not effective in treating all patients. In some cases, the reason is simple: Marinol is taken orally, in pill form. Patients suffering from severe nausea and retching cannot tolerate the pills and thus do not benefit from the drug. There are likely other reasons why smoked marijuana is sometimes more effective than Marinol. The body's absorption of the chemical may be faster or more complete when inhaled. Means of ingestion is often critical in understanding treatment efficacy.

Dr. Marcus Conant has practiced medicine for 33 years. He is Professor at University of California San Francisco and is author of over 70 publications.

Neil M. Flynn, M.D., MPH

If I am unable to relieve the patient's nausea with [conventional] remedies, I next prescribe Marinol, a synthetic version of THC, one of the main active compounds found in marijuana. Marinol is also helpful in stimulating appetite in patients suffering from AIDS wasting, as are other drugs, Megace, anabolic steroids, and human growth hormone.

If Marinol does not provide adequate relief from nausea and/or wasting, I may suggest that the patient try a related remedy, marijuana. I firmly believe that medical marijuana is medically appropriate as a drug of last resort for a small number of seriously ill patients. Over 20 years of clinical experience persuade me of this fact. The anecdotal evidence is overwhelming. Almost every patient I have known to have tried marijuana achieved relief from symptoms with it. That success rate far surpasses that for Compazine. Accordingly, as with any other medication that I consider potentially beneficial to my patients, I must discuss the option of medical marijuana in detail when appropriate. Anything less is malpractice. ... I have seen marijuana restore patients' will to live by restoring their ability to eat, gain strength, and perform simple, daily activities free from crippling nausea or pain.

Dr. Neil M. Flynn is a Professor of Clinical Medicine at the University of California, Davis School of Medicine and is the author of numerous articles.

THE HISTORY OF CANNABIS AS MEDICINE

The history of the medical use of cannabis dates back to 2700 B.C. in the pharmacopoeia of Shen Nung, one of the fathers of Chinese medicine. In the west, it has been recognized as a valued, therapeutic herb for centuries. In 1823, Queen Victoria's personal physician, Sir Russell Reynolds, not only prescribed it to her for menstrual cramps but wrote in the first issue of The Lancet, "When pure and administered carefully, [it is] one of the of the most valuable medicines we possess." (Lancet 1; 1823).

The American Medical Association opposed the first federal law against cannabis with an article in its leading journal (108 J.A.M.A. 1543-44; 1937). Their representative, Dr. William C. Woodward, testified to Congress that "The American Medical Association knows of no evidence that marihuana is a dangerous drug," and that any prohibition "loses sight of the fact that future investigation may show that there are substantial medical uses for Cannabis." Cannabis remained part of the American pharmacopoeia until 1942 and is currently available by prescription in the Netherlands and Canada.

Federal Policy is Contradictory

Federal policy on medical cannabis is filled with contradictions. Cannabis is a Schedule I drug, classified as having no medicinal value and a high potential for abuse, yet its most psychoactive component, THC, is legally available as Marinol and is classified as Schedule III.

Even in America cannabis was widely prescribed until the turn of the century. Cannabis is now available by prescription in the Netherlands. Canada has been growing cannabis for patients there and plans to make it available in pharmacies as well. Ironically, the U.S. federal government also grows and provides cannabis for a small number of patients today.

In 1976 the federal government created the Investigational New Drug (IND) compassionate access research program to allow patients to

receive medical cannabis from the government. The application process was extremely complicated, and few physicians became involved. In the first twelve years the government accepted about a half dozen patients. The federal government approved the distribution of up to nine pounds of cannabis a year to these patients, all of whom report being substantially helped by it.

In 1989 the FDA was deluged with new applications from people with AIDS, and 34 patients were approved within a year. In June 1991, the Public Health Service announced that the program would be suspended because it undercut the administration's opposition to the use of illegal drugs. The program was discontinued in March 1992 and the remaining patients had to sue the federal government on the basis of "medical necessity" to retain access to their medicine. Today, eight surviving patients still receive medical cannabis from the federal government, grown under a doctor's supervision at the University of Mississippi and paid for by federal tax dollars.

Despite this successful medical program and centuries of documented safe use, cannabis is still classified in America as a Schedule I substance. Healthcare advocates have tried to resolve this contradiction through legal and administrative channels. In 1972, a petition was submitted to reschedule cannabis so that it could be prescribed to patients.

The DEA stalled hearings for 16 years, but in 1988 their chief administrative law judge, Francis L. Young, ruled that, "Marijuana, in its natural form, is one of the safest therapeutically active substances known... It would be unreasonable, arbitrary and capricious for the DEA to continue to stand between those sufferers and the benefits of this substance." The DEA refused to implement this ruling based on a procedural technicality and continues to classify cannabis as a substance with no medical use.

Widespread public support; state laws passed

Public opinion is clearly in favor of ending the prohibition of medical cannabis. Among the many showing this is a CNN/Time poll in November 2002 that found 80% of Americans support medical cannabis. The refusal of the federal government to act on this support has meant that patients have had to turn to the states for action. Since 1996, voters have passed favorable medical cannabis ballot initiatives in nine states plus such cities as Ann Arbor, Michigan and the District of Columbia, while the legislatures in Hawaii, Rhode Island, Vermont and Maryland have enacted similar bills. As of June 2006, medical cannabis legislation is under consideration in several states.

Currently, laws that effectively remove state-level criminal penalties for growing and/or possessing medical cannabis are in place in Alaska, California, Colorado, Hawaii, Maine, Maryland, Montana, Nevada, Oregon, Rhode Island, Vermont and Washington.

2005 U.S. Supreme Court ruling

In June 2005, the U.S. Supreme Court overturned a decision by a U.S. appeals court (Raich v. Ashcroft) that had exempted medical marijuana from federal prohibition. The 2005 decision, now called Gonzales v. Raich, ruled that federal officials may prosecute medical marijuana patients for possessing, consuming, and cultivating medical cannabis. But according to numerous legal opinions, that ruling does not affect individual states' medical marijuana programs, and only applies to prosecution in federal, not state, court.

Petitions for legal prescriptions pending

The federal Department of Health and Human Services (HHS) and the FDA are currently reviewing two legal petitions with broad implications for medical marijuana. The first, brought by ASA under the Data Quality Act, says HHS must correct its statements that there is no medical use for marijuana to reflect the many studies which have found it helpful for many conditions. Acknowledging legitimate medical use would then force the agency to consider allowing the prescribing of marijuana as they do other drugs, based on its relative safety.

A separate petition, of which ASA is a co-signer, asks the Drug Enforcement Administration for a full, formal re-evaluation of marijuana's medical benefits, based on hundreds of recent medical research studies and two thousand years of documented human use.

Legal Citations

1. See "The Administration's Response to the Passage of California Proposition 215 and Arizona Proposition 200" (Dec. 30, 1996).
2. See Conant v. McCaffrey, 172 F.R.D. 681 (N.D. Cal. 1997).
3. See id.; Conant v. McCaffrey, 2000 WL 1281174 (N.D. Cal. 2000); Conant v. Walters, 309 F.3d 629 (9th Cir. 2002).
4. 309 F.3d 629 (9th Cir. 2002).
5. Id. at 634-36.
6. Criminal liability for aiding and abetting requires proof that the defendant "insome sort associate[d] himself with the venture, that he participate[d] in it as something that he wishe[d] to bring about, that he [sought] by his action to make it succeed."Conant v. McCaffrey, 172 F.R.D. 681, 700 (N.D. Cal. 1997) (quotation omitted). A conspiracy to obtain cannabis requires an agreement between two or more persons to do this, with both persons knowing this illegal objective and intending to help accomplish it. Id. at 700-01.
7. 309 F.3d at 634 & 636.
8. Conant v. McCaffrey, 2000 WL 1281174, at *16 (N.D. Cal. 2000).
9. 309 F.3d at 634.
10. See id.. at 635; Conant v. McCaffrey, 172 F.R.D. 681, 700-01 (N.D. Cal. 1997).

Research Citations

11. Abrams DI et al (2003). Short-Term Effects of Cannabinoids in Patients with HIV-1 Infection: A Randomized, Placebo-Controlled Clinical Trial. Ann Intern Med. Aug 19;139(4):258-66.5.
12. Joy JE, Watson SJ, Benson JA Jr, (1999). Marijuana and medicine: Assessing the science base. Washington, DC: Institute of Medicine.
13. Croci T et al (2003). Role of cannabinoid CB1 receptors and tumor necrosis factor-alpha in the gut and systemic anti-inflammatory activity of SR 141716 (rimonabant) in rodents. Br J Pharmacol. Sep;140(1):115-22. Epub 2003 Jul 29.
14. Izzo AA et al (2001). Cannabinoid CB1-receptor mediated regulation of gastrointestinal motility in mice in a model of intestinal inflammation. Br J Pharmacol. Oct;134(3):563-70.
15. Dajani EZ et al (1999). 1',1'-Dimethylheptyl-delta-8-tetrahydrocannabinol-11-oic acid: a novel, orally effective cannabinoid with analgesic and anti-inflammatory properties. J Pharmacol Exp Ther. Oct;291(1):31-8.
16. Kulkarni-Narla A, Brown DR (2000). Localization of CB1-cannabinoid receptor immunoreactivity in the porcine enteric nervous system. Cell Tissue Res. Oct;302(1):73-80.
17. Coutts AA et al (2002). Localisation of cannabinoid CB(1) receptor immunoreactivity in the guinea pig and rat myenteric plexus. J Comp Neurol. Jul 8;448(4):410-22.
18. Westfall RE et al (2006). Survey of medicinal cannabis use among childbearing women: patterns of its use in pregnancy and retroactive self-assessment of its efficacy against 'morning sickness'. Complement Ther Clin Pract. Feb;12(1):27-33. Epub 2005 Dec 22.
19. Gierenger D (1996). "Review of Human Studies on the Medical Use of Marijuana". www.canorml.org.
20. Beal JE et al (1995). Dronabinol as a treatment for anorexia associated with weight loss in patients with AIDS. Journal of Pain & Symptom Management, 10, 89-97 .
21. Foltin R et al (1988). Effects of smoked marijuana on food intake and body weight of humans living in a residential laboratory, Appetite 11: 1-14.
22. Foltin R et al (1986). Behavioral analysis of marijuana effects on food intake in humans, Pharmacology, Biochemistry and Behavior 25: 577-582.
23. Gross H et al (1983). A double-blind trial of delta-9-THC in primary anorexia nervosa, Journal of Clinical Psychopharmacology 3: 165-171.
24. Hollister L (1971). Hunger and appetite after single doses of marihuana, alcohol, and dextroamphetamine. Clinical Pharmacology and Therapeutics 12: 44-49.
25. Greenberg I et al (1976). Effects of marihuana use on body weight and caloric intake in humans. Journal of Psychopharmacology (Berlin) 49: 79-84.
26. Gonzalez-Rosales F, Walsh D (1997). Intractable nausea and vomiting due to gastrointestinal mucosal metastases relieved by tetrahydrocannabinol. J Pain Symptom Manage. Nov;14(5):311-4.
27. Darmani NA (2002). The potent emetogenic effects of the endocannabinoid, 2-AG (2-arachidonoylglycerol) are blocked by delta(9)-tetrahydrocannabinol and other cannnabinoids. J Pharmacol Exp Ther. Jan;300(1):34-42.
28. Van Sickle MD et al (2001). Cannabinoids inhibit emesis through CB1 receptors in the brainstem of the ferret. Gastroenterology. Oct;121(4):767-74.
29. Anderson PO, McGuire GG (1981). Delta-9-tetrahydrocannabinol as an antiemetic. Am J Hosp Pharm. May;38(5):639-46.
30. Coutts AA, Izzo AA (2004). The gastrointestinal pharmacology of cannabinoids: an update. Curr Opin Pharmacol. Dec;4(6):572-9.
31. Casu MA et al (2003). Differential distribution of functional cannabinoid CB1 receptors in the mouse gastroenteric tract. Eur J Pharmacol. Jan 10;459(1):97-105
32. Pinto L et al (2002). Endocannabinoids and the gut. Prostaglandins Leukot Essent Fatty Acids. Feb-Mar;66(2-3):333-41.
33. Manara L et al (2002). Functional assessment of neuronal cannabinoid receptors in the muscular layers of human ileum and colon. Dig Liver Dis. Apr;34(4):262.
34. Hillard CJ (2000). Biochemistry and pharmacology of the endocannabinoids arachidonylethanolamide and 2-arachidonylglycerol. Prostaglandins Other Lipid Mediat. Apr;61(1-2):3-18.
35. Croci T et al (1998). In vitro functional evidence of neuronal cannabinoid CB1 receptors in human ileum. Br J Pharmacol. Dec;125(7):1393-5.
36. Grotenhermen F (2004). Pharmacology of cannabinoids. Neuro Endocrinol Lett. Feb-Apr;25(1-2):14-23.
37. Izzo AA, Mascolo N, Capasso F (2001). The gastrointestinal pharmacology of cannabinoids. Curr Opin Pharmacol. Dec;1(6):597-603.
38. Pertwee RG (2001). Cannabinoids and the gastrointestinal tract. Gut. Jun;48(6):859-67.
39. Mancinelli R et al (2001). Inhibition of peristaltic activity by cannabinoids in the isolated distal colon of mouse. Life Sci. May 25;69(1):101-11.
40. Mascolo N et al (2002). The endocannabinoid system and the molecular basis of paralytic ileus in mice. FASEB J. Dec;16(14):1973-5. Epub 2002 Oct 18.
41. Izzo AA et al (1999). The role of cannabinoid receptors in intestinal motility, defecation and diarrhoea in rats. Eur J Pharmacol. Nov 12;384(1):37-42.
42. Landi M et al (2002). Modulation of gastric emptying and gastrointestinal transit in rats through intestinal cannabinoid CB(1) receptors. Eur J Pharmacol. Aug 16;450(1):77-83.
43. Pinto L et al (2002). Endocannabinoids as physiological regulators of colonic propulsion in mice. Gastroenterology. Jul;123(1):227-34.
44. Krowicki ZK et al (1999). Delta9-tetrahydrocannabinol inhibits gastric motility in the rat through cannabinoid CB1 receptors. Eur J Pharmacol. Apr 29;371(2-3):187-96.
45. Heinemann A et al (1999). Cannabinoid inhibition of guinea-pig intestinal peristalsis via inhibition of excitatory and activation of inhibitory neural pathways. Neuropharmacology. Sep;38(9):1289-97.
46. Izzo AA et al (1999). Defaecation, intestinal fluid accumulation and motility in rodents: implications of cannabinoid CB1 receptors. Naunyn Schmiedebergs Arch Pharmacol. Jan;359(1):65-70.
47. Colombo G et al (1998). Cannabinoid modulation of intestinal propulsion in mice. Eur J Pharmacol. Feb 26;344(1):67-9.
48. Calignano A et al (1997). Inhibition of intestinal motility by anandamide, an endogenous cannabinoid. Eur J Pharmacol. Dec 11;340(2-3):R7-8.
49. Shook JE, Burks TF (1989). Psychoactive cannabinoids reduce gastrointestinal propulsion and motility in rodents. J Pharmacol Exp Ther. May;249(2):444-9.
50. Shook JE et al (1986). The central and peripheral effects of delta-9-tetrahydrocannabinol on gastrointestinal transit in mice. NIDA Res Monogr. 67:222-7.
51. Hornby PJ, Prouty SM (2004). Involvement of cannabinoid receptors in gut motility and visceral perception. Br J Pharmacol. Apr;141(8):1335-45.
52. Izzo AA et al (2000). Central and peripheral cannabinoid modulation of gastrointestinal transit in physiological states or during the diarrhoea induced by croton oil. Br J Pharmacol. Apr;129(8):1627-32.
53. Russo EB (2004). Clinical endocannabinoid deficiency (CECD): can this concept explain therapeutic benefits of cannabis in migraine, fibromyalgia, irritable bowel syndrome and other treatment-resistant conditions? Neuro Endocrinol Lett. Feb-Apr;25(1-2):31-9.
54. Tonini M et al (2004). Progress with novel pharmacological strategies for gastro-oesophageal reflux disease. Drugs. 64(4):347-61.
55. Partosoedarso ER et al (2003). Cannabinoid1 receptor in the dorsal vagal complex modulates lower oesophageal sphincter relaxation in ferrets. J Physiol. May 16.
56. Lehmann A et al (2002). Cannabinoid receptor agonism inhibits transient lower esophageal sphincter relaxations and reflux in dogs. Gastroenterology. Oct;123(4):1129-34.
57. Russo. Op.Cit.
58. Di Carlo G, Izzo AA (2003). Cannabinoids for gastrointestinal diseases: potential therapeutic applications. Expert Opin Investig Drugs. 2003 Jan;12(1):39-49. Vigna SR. Cannabinoids and the gut. Gastroenterology. Sep;125(3):973-5.
59. Hunt RH, Tougas G (2002). Evolving concepts in functional gastrointestinal disorders: promising directions for novel pharmaceutical treatments. Best Pract Res Clin Gastroenterol. Dec;16(6):869-83.
60. Izzo AA, Mascolo N, Capasso F (2000). Forgotten target for marijuana: the endocannabinoid system in the gut. Trends Pharmacol Sci. Oct;21(10):372-3.
61. Hazekamp A et al (2006). Evaluation of a vaporizing device (Volcano(R)) for the pulmonary administration of tetrahydrocannabinol. J Pharm Sci 95 (6) Apr 24: 1308-1317.

DEA CHIEF ADMINISTRATIVE LAW JUDGE

"Marijuana, in its natural form, is one of the safest therapeutically active substances known... It would be unreasonable, arbitrary and capricious for the DEA to continue to stand between those sufferers and the benefits of this substance"

The Honorable Francis L. Young,
Ruling on DEA rescheduling hearings, 1988

ADDITIONAL RESOURCES

Americans for Safe Access maintains a website with more resources for doctors and patients. There you will find the latest information on legal and legislative developments, new medical research, and what you can do to help protect the rights of patients and doctors.

ASA is the largest national member-based organization of patients, medical professionals, scientists and concerned citizens promoting safe and legal access to cannabis for therapeutic uses and research. ASA works in partnership with state, local, and national lawmakers to overcome barriers and create policies that improve access to cannabis for patients and researchers. We have more than 30,000 active members with chapters and affiliates in more than 40 states.

ASA provides medical information and legal training for patients, attorneys, health and medical professionals, and policymakers throughout the United States.

AmericansFor SafeAccess
FOUNDATION
Advancing Legal Medical Marijuana Therapeutics and Research

888-929-8367 www.AmericansForSafeAccess.com
1322 Webster Street, Suite 402, Oakland, California, 94612

PATIENT GUIDE FOR EDIBLE CANNABIS MEDICINE

ALERT: Ingesting cannabis medicine is different than smoking cannabis! The main differences are:

1. It takes more time before you feel the effect of edible cannabis medicine (1 - 2 hours).

2. The effect of edible cannabis lasts longer than with inhaled cannabis (3 - 6 hours).

3. The effect of edible cannabis may feel different than inhaled cannabis. Patients may experience a more "physical" effect, including drowsiness and dizziness, and may find they have a diminished ability to concentrate.

4. Your size, weight, metabolism, stress level and how much food is in your stomach will contribute to the effect of edible cannabis medicine. Small size, low body fat, slow metabolism, high stress levels and/or an empty stomach will all intensify the effect of edible cannabis medicine.

The different effect of edible versus inhaled cannabis medicine may benefit certain patients like those who are sensitive to smoke, those who have particular symptoms for which medical marijuana has been prescribed (i.e., insomnia), or those who are in need of a longer-acting therapeutic effect.

To eat cannabis medicines safely, patients need to determine what dose is right for them. This can be easily accomplished using one simple rule: GO LOW, GO SLOW! Be conservative in the amount you ingest while you are discovering the right dose and take lots time to make sure you know how a dose affects you. Here are some guidelines to help you determine the right dose of edible cannabis medicine for you:

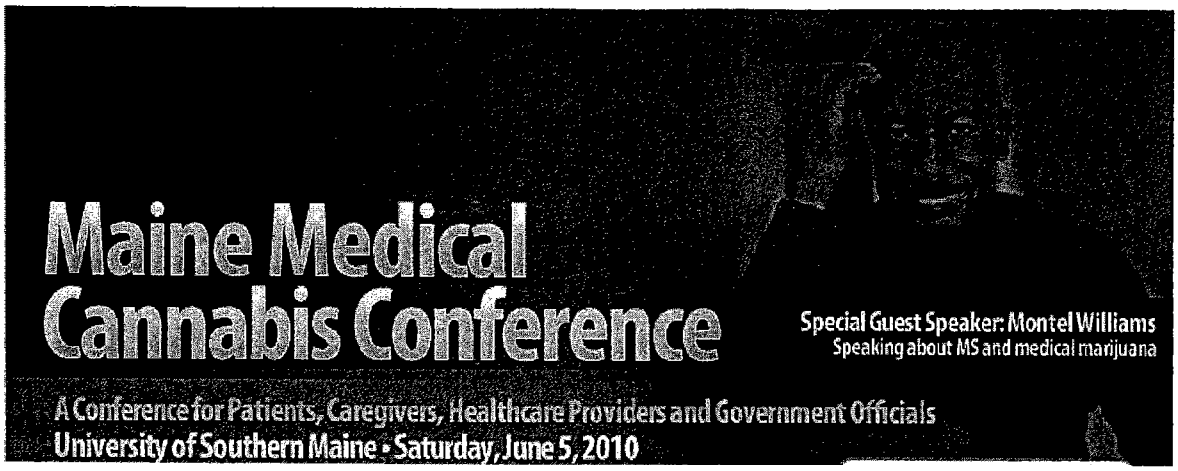
1. Begin with 1/4 of a "dose" or a small portion of the product
2. Wait for at least one hour and analyze the effects
3. If needed, consume another 1/4 dose or small portion
4. Wait for at least one more hour and analyze the effects
5. If neded, consume part or all of the remaining product
6. Within six hours of ingesting cannabis medicines: ABSOLUTELY DO NOT operate heavy machinery, motor vehicles, boats, or motorcycles. DO be aware of your surroundings (look both ways before crossing the street), and prepare for your needs before taking medication.

The GO LOW, GO SLOW rule will help provide the most benefit from edible cannabis medicine and prevent the temporary but negative effects associated with "overeating" like nervousness, unhappy thoughts and difficulty performing physical activities.

If you accidentally ingest too much cannabis medicine, do not panic, your symptoms will subside within a few hours. Remain calm and eat food to help symptoms pass. Edible cannabis is safe and will not cause any long term negative effects.

REMEMBER: Edibles can be more potent than you expect. Products often contain multiple doses. Weight, metabolism, and eating habits can alter dose effect, so receive the full benefit of edible cannabis medicine you must learn the dose that is right for you.

If you have any questions regarding edible cannabis medicines, please discuss them with your BPG dispensary saleperson.



Conference Overview

In November 2009 a citizen's initiative, the Maine Medical Marijuana Act, was passed overwhelmingly by Maine voters. This new law expanded and improved Maine's existing Medical Marijuana law which had been in put in place by Maine voters in 1999.

Because of this new law, for the first time Mainers with debilitating and chronic medical conditions will have a number of safe and convenient options to access medical marijuana.

But what does the new law mean for Maine? What does it mean for patients, or potential caregivers? Potential dispensary operators? Whether you are a member of the law enforcement community, a doctor or health care professional, or a municipal official concerned about regulating dispensaries you will find answers at Maine Medical Cannabis Conference. Join us June 5th at the University of Southern Maine as experts from Maine and across the country discuss the facts about medical marijuana and Maine's new law.

Speakers

National:
Montel Williams - Talk show host and motivational speaker
Paul Armentano - Deputy Director of NORML
Debby Goldsberry - Director, Berkeley Patients Group,
Dr. Amanda Reiman MSW, Ph.D - Chairwoman of Berkeley's Medical Cannabis Commission
Dr. Frank H. Lucido, Co-Founder of American Association of Cannabinoid Medicine (AACM)
Linda Gorgos, MD, MSc. - Medical Director for the Infectious Disease Bureau at the New Mexico Dept of Health
Steph Sherer - Executive Director, Americans for Safe Access

Maine:
Kathy Bubar - Deputy Commissioner Department of Health and Human Services
Gordon Smith - Executive Vice President, Maine Medical Association

Dr. Wendy Chapkis - Director of Women & Gender Studies USM
Dustin Sulak D.O. - Osteopathic physician
Jonathan Leavitt - Executive Director of MMPI
Faith Benedetti - Served on the Governor's Medical Marijuana task force to implement Maine's law

Agenda

Maine Medical Cannabis Conference
Saturday, June 5th, 2010
University of Southern Maine/Portland
Abramson Community Education Center

Registration Begins: 8:30 – 9:30 am Lobby of Hannaford Lecture Hall

Welcome: 9:30 - 9:35 - Hannaford Lecture Hall
Welcome - Jonathan Leavitt

Welcoming Remarks: 9:35 – 9:45 am – Hannaford Lecture Hall
Welcome –Rep. Anne Haskell

Guest Presentation: 9:45 -10:10 - Hannaford Lecture Hall
Key Note Speaker: Montel Williams
Breakout Session #1 – 10:15 – 11:45
Room 1: (Patients/Caregivers) – *How do you access your medicine legally? What is the role of a caregiver and how do I become one?*
Facilitated by: Representative Anne Haskell
Panelists: Kathy Bubar, Maine DHHS
Alysia Melnick, Maine Civil Liberties Union
Faith Benedetti

Room 2: (Dispensaries) – *Opening and Operating a Dispensary (CLE Qualified)*
Facilitated by: Attorney Dan Walker
Panelists: Becky Dekeuster - Berkeley Patients Group
John Rogers (Infosecurus - IT based security)
Dr. Linda Gorgos - New Mexico

Room 3: (Government Officials) – *What does Maine's law mean for State and local officials and law enforcement?* (model ordinances, zoning, law enforcement)
Facilitated by: Jane Orbeton
Panelists: TBA (District Attorney) (Pending Confirmation)
Kate Dufor, Maine Municipal Association
Sheriff Mark Dion (Cumberland County - ME)

Room 4: (Health care workers) – *What is medicinal marijuana and it's benefits?*
Facilitated by: Gordon Smith, Executive Vice President, Maine Medical

Association
Panelists: Dr. John Woytowicz
Dr. Dustin Sulak
Paul Armentano - Deputy Director, NORML

Break for Lunch – 11:45 am – 1:00 pm (Local establishments)

Plenary Panel: 1:00 – 2:00 - Hannaford Lecture Hall
Medical Marijuana in the United States
Facilitator: Jill Harris - Drug Policy Alliance
Panelists: Wendy Chapkis, Professor at USM and Author of "Dying to Get
High"
Steph Sherer - Americans for Safe Access
Debby Goldsberry, Berkeley Patients Group

Breakout Session #2 – 2:15 – 3:30
Room 1: (Patients & Caregivers) – *Facilitating and utilizing medicine*
Facilitated by: Jay Nutting
Panelists: Faith Benedetti
Dr. Dustin Sulak
Matt Hawes

Room 2: (Dispensaries) – *Open Q & A*
Facilitated by: Senator Stan Gerzovsky
Panelists: Debby Goldsberry
Kathy Bubar Maine DHHS

Room 3: (Government Officials) – *How it works in other states*
Facilitated by: Rep. Anne Haskell
Panelists: Linda Gorgos - NM
Steph Sherer

Room 4: (health care workers) – *Best Practices for Physicians and other health providers, the role of physicians in Maine's new law.*
Facilitated by: Gordon Smith, Executive Vice President, Maine Medical Association
Panelists: Dr. John W. (Confirmed)
Dr. Frank Lucido - California
Dr. Amanda Reiman - UC Berkeley

Closing Presentation: 3:40 - 4 :15pm – Hannaford Lecture Hall
Paul Armentano, Deputy Director, NORML

Basic Information and Rules

Patient Bill of Rights

RESPECT AND NON-DISCRIMINATION
You have the right to considerate, respectful and non-discriminatory care.

CONFIDENTIALITY OF HEALTH INFORMATION
You have the right to talk in confidence with your providers and to have your health care information protected under all appropriate [illegible] provisions.

CHOICE OF PROVIDERS
You have the right to accurate and easily understood information about the laws and local regulations.

ACCURACY AND CONTROL
You have the right to accurately labeled and weighed quality medication and accurate information about the medication being provided.

SAFETY
You have the right to obtain your medication in a safe and friendly environment.

Building Rules

1. No cell phones in the building.
2. If you are a patient, your medicine is for you ONLY. If you are a caregiver, the medicine is only for YOUR PATIENT.
3. Treat everyone in the building and our neighbors with respect (see good neighbor guidelines below).
4. No exchange of money on or around the premises
5. You must carry your verified recommendation or accepted cannabis card and a state issued ID or drivers license at all times.
6. No tobacco use inside or within 50 feet of the building.

Other rules:

- No alcohol, hard drugs, or weapons of any kind are allowed on the premises.
- You must be 18 years of age.
- Do not consume cannabis in the neighborhood or outside the building.
- Limit your visit to 2 hours per day.
- No overnight parking is allowed
- Control your pets at all times (quiet and on a leash no longer than 2ft) and clean up after them.
- No children under 11 years old left unattended in the parking lot or in your vehicle.

Good Neighbor Policy

We have worked hard over the past 9 years to build positive relationships with the homes and businesses in our neighborhood. Please help us by always following our rules and policies.

- Always drive carefully and courteously. Turn car stereos down.
- Use only our lot or public parking– never park in a neighbor's lot or in the bus stop.
- Do not linger in your car or on the sidewalk after you visit NPG or before we open. You are welcome to stay and socialize in the guest room.
- If you have guests waiting for you outside, please do not medicate in the lounge.

Keep all medicine out of sight when you exit and as you drive away!

Remember, not everyone shares our views on medical cannabis. Following these rules will keep the NPG open without legal interference. Failure to adhere to the Good Neighbor Policy or the Building Guidelines is grounds for revoking your membership at the NPG. We reserve the right to refuse service to anyone.

Legal Information

- Stay out of situations that could draw law enforcement attention to your medical use. For example, keep your car up to code, avoid domestic disputes and be a good neighbor.
- If you are confronted by an officer, try to see if you can first walk away. If you cannot do so, attempt to show your recommendation.
- NEVER CONSENT TO A SEARCH OF YOUR PERSON OR PROPERTY. Loudly say, "I do not consent to a search."
- If you are arrested, invoke your rights by saying only:

"I CHOOSE TO REMAIN SILENT, I WANT TO SEE A LAWYER"

-for more information see Beat the Heat by Katya Komisaruk in the NPG lending library

Northeast Patients Group
Address: 45 Memorial Circ.
Augusta, ME 04330
Telephone: (207) 358-8833

ASA | California NORML | MPP Marijuana Policy Project | SSDP

SAMPLE / JUNE
VOLUME 1, ISSUE 1

Northeast Patients Group

Inside this Issue

A not for profit organization

www.northeastpatientsgroup.com
OPEN DAILY 10:00am-600pm

Montel Williams attends Medical Marijuana Conference in Maine

As media personality Montel Williams spoke at a medical marijuana conference in Maine, his eyes filled with tears as he shared his pain with the audience. Encouraged by one attending sheriff to do so, Williams lit up a joint and took a few puffs in front of the crowd.

Once Williams's pain level became so intense he was in tears, Cumberland County Sheriff Mark Dion shouted from the audience, "Why don't you just take your medicine?" The audience applauded and gave a standing ovation as Montel sat down, got out a joint and fired it up.

According to Williams, his pain level drops tremendously when he uses marijuana, and if not for medical cannabis he would not have been able to bear the nerve pain he endured prior to and while on stage.

The Movement

Sound off

SENSIBLE USE

Becoming a Medical Marijuana Patient in Maine

-by Americans for Safe Access

Under the Act, a person who is at least 18 years of age may lawfully possess a usable amount of marijuana for medical use if, at the time of that possession, the person has available an authenticated copy of a medical record or other written documentation from a physician, demonstrating that:

- The person has been diagnosed by a physician as suffering from one or more of the conditions enumerated below;
  - A physician, in the context of a bona fide physician-patient relationship with the person:
  - Has discussed with the person the possible health risks and therapeutic or palliative benefits of the medical use of marijuana based on information known to the physician, including, but not limited to, clinical studies or anecdotal evidence reported in medical literature or observations or information concerning the use of marijuana by other patients with the same or similar conditions;
  - Has provided the person with the physician's professional opinion concerning the possible balance of risks and benefits of the medical use of marijuana in the person's particular case; and
  - Has advised the person, on the basis of the physician's knowledge of the person's medical history and condition, that the person might benefit from the medical use of marijuana;
- The person has disclosed to the physician that person's medical use of marijuana; and
- The person is under the continuing care of the physician.

Member Services

Craniosacral Therapy:
The emphasis in Craniosacral Therapy is to help resolve the trapped forces that underlie and govern patterns of disease and fragmentation in both body and mind. Listening to body's subtle rhythms and any patterns of inertia or congestion. Tuesdays and Thursdays 1-4pm by appointment only (in lounge). Schedule subject to change. Check the calendar or ask a staff member for details.

Body Work:
Various techniques are employed, including but not limited to deep tissue. Swedish massage and shiatsu. Mondays 1:30-4:30pm, Wednesdays 3:00-5:40 and Fridays 11:00am-2:00pm by appointment only (in lounge). Schedule subject to change. Check the calendar or ask a staff member for details.

Acupuncture:
The technique of inserting and manipulating fine filiform needles into specific points on the body with the aim of relieving pain and for addressing a variety of other health concerns. Wednesdays 11:00am-3:00pm by appointment only (in lounge). Schedule subject to change. Check the calendar or ask a staff member for details.

Mindfulness and Stress Reduction Counseling:
Performed off-site in a comfortable private location with a licensed professional on an individual basis. Talk through your problems instead of carrying their weight alone. Tuesdays 2-5pm by appointment only (off site).

ASA Counseling:
Meet with a representative from Americans for Safe Access in the lounge to get answers to questions about medicine, law, politics and news. Fridays 1:00-3:00pm (in lounge).

Gardening Class:
Resident gardening expert covers various topics about cultivation. There is also an open Q & A time to ask about any specific issues you might have. Check calendar for dates and times (in lounge).

Art Therapy
Supplies are provided in the lounge to patients for various arts and crafts projects. Focus on your wellbeing by using art to express your feelings and promote positive change. Tuesdays and Thursdays 10-11am (in the lounge)

Compassion Services:
Helping Hands is a weekly care package program for our patients living well below the poverty level and unable to purchase the medicine they need

Bicycle and Wheelchair Clinic:
Get your bicycle or wheelchair tuned-up or cleaned to keep it in top shape. Service performed by an experienced bicycle tech. Saturdays 2-4pm (in parking lot).

Healing Beauty Workshop:
Healing Beauty Workshops use cosmetics to enhance a person's natural beauty for healing the self-esteem of patients living with terminal, serious, or chronic illnesses. Check calendar for date and time. In the lounge.

Literacy Program:
Meet with volunteers to sharpen your reading skills. Saturdays 10am-12pm (in lounge).

Other events and services include live musical entertainment, art projects, legal clinic, bingo, open mic, a lending library, blood pressure clinic, guest speakers and more. Appointments can be made at the front desk.

Health and Wellness

Eat Local Organic– for all of our sakes

-By Eli Scislowicz

As research on how bioengineering and the chemical cocktail that is poured on America's crops continues, our society is beginning to understand the impact of what is has released upon its populations. I have devoted this section to encourage people to grow and eat local, organic, non-GMO foods.

Everyday we make choices at the supermarket, which determine the demand for products. If we as a society decide we do not want to buy non-organic foods, the demand for these products will shrink and the suppliers will adjust how they make our food. I understand this issue is complex; it is not only a problem of individual inaction but also a systemic problem based on how the government subsidizes agriculture. The cheap foods in the supermarket are expensive but we don't see that cost because we only pay for it every April 15th. The price does not reflect the health care costs either. Because this problem runs deep, we need to pay attention to what we eat and buy as well as who we vote for and how we finance elections. For example, there is a case being heard by the Supreme Court right now about Monsanto and its Roundup Ready seeds. Roundup is a powerful herbicide that will kill all plant life unless it is genetically modified to be "Roundup Ready". Monsanto manufactures and sells both the Roundup and Roundup ready seeds. One Justice has refused to recuse himself even though he used to work for Monsanto. Large corporations like Monsanto have had to large a voice in how their industry is regulated. The stakes are high because how we grow our food affects our bodies, our environment and the long term viability of our food supply. By eating organic, we can take the first step towards improving all these issues.

Eating non-organic food adversely affects our bodies. There is no doubt that long term exposure to these chemicals adversely affects our bodies even in small doses over time although to what extent is unknown. The problem is research is being outpaced by development and the government has seen fit to allow these chemicals to be marketed before knowing the full effects. What is even less-known is how exposure to multiple chemicals from multiple sources, and how they interact with each other, affects the body. Outside of pesticides, non-organic ingredients such as high-fructose corn syrup diminish the body's ability to break down sugars which can lead to diabetes.

The environment and the long-term viability of our crops is adversely affected by our decision to eat non-organic foods. Unless food is purchased from local sources, the pollution from transportation is huge. The pesticides and other chemicals are sprayed on the crops or the soil. These chemicals seep into the ground and sometimes they can find their way into our water supply. This abuse to the soil by pesticides or chemical nutrients will damage the biological balance in the soil over time. Genetically modified foods are often grown outside where their genetics infiltrate other crops until they become dominant. Lower crop diversity leaves us vulnerable to outbreaks of disease or pest infestations which can potentially create the conditions for famine.

Easy edibles on the go!

-by Joe Owens

Candied Cannabis Flowers

- About two dozen .5 gram flower buds
- Vegetable Oil spray
- 1 cup sugar
- 1 cup molasses
- 1/8 cup water

This recipe works best with flowers that are a little airy or fluffy (think of the opposite of Grandaddy Purple). Spray flowers with vegetable oil spray. Place on baking sheet and bake in a pre-heated oven at 350°F for five minutes. Cool on a wire rack. In a saucepan, mix water, sugar and molasses until the mixture is a smooth syrup consistency. Briefly dip the flowers into the syrup mixture. Place dipped flowers on wire racks and allow excess syrup to drip off and harden. Consume responsibly. Bon Appétit.

Maine Farmer's Markets

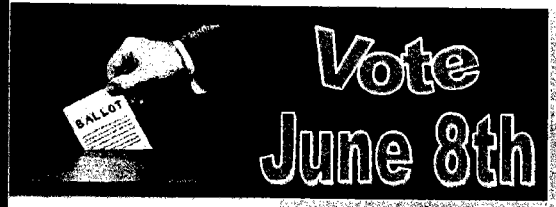
Mill Park Farmer's Market
This is a seasonal open air market featuring vegetables, dairy, pork, poultry and beef products, as well as yarn products, breads and baked goods.

Location
Mill Park on North Water Street, near Bond Street, across from the Augusta Fuel Company in Augusta, Maine.

Dates
Tuesdays, 2 - 6pm
May 4 - November 23, 2010

Contact
Farmer's Market at Mill Park
City of Augusta
Community Services Department 626-2352

June 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			2 Acupuncture 11am-3pm Body Work 3-5:40pm WE CLOSE AT 7PM			
6 **Open Mic!** Sign up at 3:45pm Performances start at 4:20pm				10	11	12
13 Gardening Class at 4:20pm			16	17	18 ASA Peer Counseling 1-3pm Musical Performance at 4:20pm	
20 Musical Performance at 4:20pm			23 Acupuncture 11am-3pm Body Work 3-5:40pm	24 Craniosacral Therapy 1-4pm	25 Americans for Safe Access Peer Counseling 1-3pm	26 Literacy Program 10am-12pm Bicycle and Wheelchair Maintenance Clinic 2-4pm
27 Gardening Class at 4:20pm			30	Happy Summer!		

APPOINTMENTS CAN BE MADE AT THE FRONT DESK

Schedule E-7 - Critical Incident Reporting

NPG is committed to providing safe services to our clients and to ensuring the ongoing success of Maine's medical cannabis dispensary program. NPG will comply with pertinent provisions of the Rules, Section 6.34 and 6.35. To that end we have a clearly defined Incident Reporting policy which requires same-day documenting and submission to the State of any incidents including but not limited to:

- Unauthorized access or disclosure of confidential information
- Loss of inventory by theft or diversion
- Intrusion of the dispensary or cultivation site by unauthorized persons
- Other violations of State rules pertaining to dispensary operations

In the event of an incident of this nature, data will be collected and recorded promptly and will be communicated to the Department no later than the next business day. NPG will work closely with DHHS staff to develop a Critical Incident Reporting Form that is appropriate to dispensaries. All NPG staff members will be fully trained in recognizing reportable incidents and in completing and submitting Incident Reports. No retaliation will be taken by NPG against any staff member who reports an incident to the State.

NPG will also designate a liaison to the Department who will be charged with oversight of reporting procedures and following up with Department officials to resolve, review and implement preventative measures if such an incident should occur.

As a medical facility NPG serves patients with serious and debilitating conditions. Our staff will be trained and ready to respond appropriately in the event of a medical emergency, and to assist seriously ill patients in the event of a fire or other emergency situation. Our comprehensive training manuals include the following Emergency Protocols:

Purpose

1. To ensure that staff understands how to respond to incidents that may occur inside the facility during operating hours.
2. To ensure that staff understand how to respond to an emergency inside the building.
3. To ensure that staff understands how to observe and report 'to the safety of the overall building.
4. To ensure the safety of everyone in the facility.

Responsible Personnel

All staff

Procedures for Emergencies

In the event of a medical emergency:

- Remain calm
- Call 911 if appropriate
- Call Code 1 on the radio and alert Manager
- Close front entrance door and politely ask patients to stay clear of the entrance
- Watch and wait for instructions involving the entrance of the facility
- Allow for emergency response professionals to enter the building safely and clear of obstructions and /or bystanders

In the event of a fire:

- See site-specific "Fire Emergency Response Plan" **(Redacted for space)**

In the event of a snowstorm:

- See site-specific "Inclement Weather Response Plan" **(Redacted for space)**

In the event of presence of hazardous material or biological fluids

- Remain calm
- Radio to alert Daily Manager on appropriate radio channel
- Call 911 if emergency
- If toxic hazardous material; call 911 and evacuate the contaminated vicinity. Await instructions from emergency response professionals

In the event of a robbery attempt:

- Remain calm
- Always cooperate with an armed assailant
- Find a safe place if possible
- Call 911 if possible
- Notify management if possible
- Observe and report

Communication and Certification

- All staff shall always have a radio on their person during operating hours to ensure constant, effective, continuous communication between all staff members and management.
- All staff shall recognize and use proper emergency notification codes for radio communications.
- In the event of an emergency, any staff member may be required to direct traffic; communicate to members, other staff, law enforcement and emergency response professionals; and to observe and report all necessary information to document and file for further review.
- All staff shall be trained to observe and analyze data involving safety/security protocols and write clear, precise reports for documentation.
- All designated Safety Officers shall maintain an active Guard Certification Card.

NPG is acutely aware that Maine's law to allow dispensaries places a significant burden of responsibility on the shoulders of those who are granted a license. While our operational standards mitigate against or preclude some emergencies, we understand and are prepared to deal with undesired and unplanned-for events.

Section 3 - Dispensary Information

NPG is managed by its Board of Directors and Officers, consistent with the Maine Nonprofit Corporation Act (Title 13-B, M.R.S.A.) and applicable provisions of NPG's Bylaws and Policies. No businesses or persons other than its Board and officers have direct or indirect authority other the management or polices of any NPG dispensary. Additionally, no persons or business entities have an ownership interest in NPG or its proposed dispensary.

The dispensary premises will be leased from a Landlord as set forth in these Application materials. The landlord will have no direct or indirect authority over the management or policies of any dispensary and will derive no economic benefit from the operation of the dispensary and the marijuana growing operation other than an indirect benefit it may receive in the form of monthly rental payments.

Wherever we are located, Northeast Patients Group has a demonstrable record of working with city and state officials to provide the best care possible for our patients and our neighbors.

We have identified several properties of interest in District 5 within recommended zones. For each location at which we have negotiated with a property owner, we will fulfill the Selection Criteria set forth in Section 6.1.4.1 of the Rules to the best of our abilities, Measure 2 (Letter of Intent to Enter Lease Following Approval), Measure 3 (Compliance with Codes), Measure 6 (Ownership of Landlords and Statement of No Authority Over NPG), and Measure 7 (Statement of Security Interest in Leased Premises). Where we have not negotiated with a property owner, we provide evidence of compliance or intent to comply with codes, and where possible a statement from the city or town indicating awareness of NPG's plans and a willingness to work together to properly site a dispensary if approved.

As the State Capitol and the service center for the region, the City of Augusta is an ideal location for a premier dispensary. City officials recently zoned dispensaries into the newly-formed Medical Zone near the new Alfond Cancer Center. We have met on a number of occasions with City officials, including the City Manager, City Attorney, and Deputy Planning Director, who have all pledged to work with NPG should we be granted the District Five license. This zoning is sensible but poses an obstacle to patient accessibility until the new highway exit ramp is built. Nevertheless we do have a letter of agreement with a landlord to rent a property at 10 Middle Road within this new Medical Zone. (**Appendix 3**). This property is approximately 4000 square feet and the site of a former women's fitness facility. It also has a generous amount of onsite parking, as required by state law. We are evaluating the access issue, and as a result, have secured an alternative site in Waterville.

As an alternative, NPG has entered into a "Letter of Intent" agreement with Niemann Capital to lease a former KFC building, located at 13 Water Street in Waterville. See **Appendix 3** attached Letter of Intent, Niemann Capital, June 24, 2010. Although Niemann Capital has not yet finally closed on this property, it is in the final stages of acquiring this property, as part of its Hathway Creative Center development campus. The principal of Niemann Capital, Tom Niemann has indicated that use of this building as a medical marijuana dispensary would be consistent and within the spirit of this new development project. This location will provide great accessibility for patients, as it is located immediately downtown in Waterville with onsite parking, and is not within 500' of a school. Waterville is conveniently located equidistant from Augusta and Skowhegan. Its retail and medical facilities draw people from throughout central Maine.

Importantly, NPG has confirmed with the City of Waterville that this building at 13 Water Street is in the Commercial C zone, and this zone is entirely appropriate for consideration for a registered dispensary. See **Appendix 3** for a Letter from Ann Beverage, City Planner, City of Waterville, June 23, 2010. NPG has also confirmed that, if NPG is fortunate enough to be awarded the dispensary in District 5, the City of Waterville will work closely with NPG to

permit this location. NPG will also work closely with Waterville to ensure that our tenancy complies with all codes and is satisfactory to our community and our patients.

Section 3-1 - Distance to the property line of preexisting public or private school

Both proposed locations for NPGs dispensary operations in District Five comply with the Rules requiring that such facilities be located no less than 500 from a pre-existing public or private school.

10 Middle Road, Augusta: 1000 plus from United Pentecostal School

13 Water Street, Waterville: 1000 plus (Albert S Hall School)

Section 3-2 - Description of food products to be sold or furnished, if any

Many patients prefer not to smoke or vaporize their medical cannabis. Some qualifying conditions may preclude these methods being used, and others conditions simply respond better to ingestible forms of cannabis. Northeast Patients Group will offer the following non-smoked, cannabis-infused items:

- Butter
- Tinctures
- Lozenges
- Cookies

NPG will collect and evaluate data on client needs and preferences and may adjust our range of edible offerings to meet patient need.

NPG will wherever possible use NSF rated appliances in its kitchens. As required by Section 6.7 of the DHHS Rules, Northeast Patients Group will secure a food establishment license from DHHS with respect to each approved food production location and will comply with all pertinent DHHS rules and regulations governing such food establishments.

Section 3-3 - Description of intrusion monitoring system

NPG will contract a reputable security company such as Seacoast Security to secure our manufacturing and dispensary sites using equipment that meets or exceeds State requirements for pharmaceutical storage and dispensing sites. Seacoast Security staff are fully aware of the sensitive nature of our work and have provided us a plan that at each site will include closed circuit television monitoring with remote viewing capability, audible and silent alarm systems, and fire and security devices, all in order to assure that each site will fully comply with Section 6.23 of the Rules and all other related rules governing security.

To prevent intrusion, each of our facilities will be equipped with addressable motion detectors, all-weather exterior cameras linked to a remote-viewing system, alarmed contacts at each exterior door, 120-decibel burglary sirens and exterior strobe lights.

NPG will also contract with a licensed and bonded live security patrol company to provide 24/7 visual surveillance and reporting at each of our sites.

Appendix 3-3.1 contains a letter of intent from Seacoast Security and redacted estimates for interior and exterior monitoring systems.

Section 3-4 - Description of interior monitoring and safety features

NPG will engage a reputable security company such as Seacoast Security to administer our interior monitoring and safety program. In addition to the systems described below, all medicine will be stored in safes that meet or exceed the recommendations of our insurer. All interior doors will be fitted with access restriction devices. All facilities will adhere to ADA standards for access and safety for our patients in the event of an emergency.

Please note that the Closed Circuit Television system is designed to exceed the current State standard for video surveillance requirements for pharmaceutical storage and dispensing sites. Each DVR will be capable of storing over 45 days of video coverage, with special attention to specific cameras which will be set to record constantly per regulations. The processed frame rate per each channel also exceeds the current State standard and will deliver a full 30FPS per channel. Each location will also permit secured remote viewing via internet connection with administrator password protections.

NPG's fire and security systems will adhere to NFPA72 fire code and current Maine pharmaceutical codes for the storage and dispensing of controlled substances.

CCTV equipment will include:

- 16 Channel Digital Video Recorder, 480/DSP, 480/REC, 3 TB HDD, DVD-RW and Remote Viewing Software
- High Resolution 540TVL Armored Mini Dome Cameras with Infrared 2.8MM-12MM Lens

Security and Fire equipment will include:

- Addressable Commercial Fire and Burglary Alarm Panel with Battery Backup
- Commercial Fire Annuciator
- Commercial Burglary Keypad
- Commercial Fire Cellular/Internet Communicator
- UL Listed Commercial Wireless Communicator
- Addressable Smoke Detector with Thermal or Equivalent Heat Detector
- Standard Wall Mount Horn Strobe
- Dual Action Fire Alarm Pull Station
- Dual Action Panic Station
- Personal Panic Pendants
- Addressable Motion Detectors
- Addressable Door Contact Units
- 120dB Burglary Sirens
- Exterior Blue Burglary Strobe

Appendix 3-3.1 contains a letter of intent from Seacoast Security and redacted estimates for interior and exterior monitoring systems.

Section 3-5 - Location of growing site

NPG's cultivation facility is located at 601 Coldbrook Rd. in Hermon ME. This site is large enough to meet our projected needs for the first three years. The property is visible from the street. The cultivation area is not visible from the street or other areas. No signage will be placed on the building to identify its use by or affiliation with Northeast Patients Group. The property is surrounded on three sides by dense woods and is securable both externally and internally. The property is more than 500' from the nearest school. See also **Appendix 3-5.1,** setting forth further pertinent information.

Section 3-6 - Provide the names of patients

Northeast Patients Group is sensitive to the fact that many current and potential patients are hesitant to register with the state or to make public their status as patients. Our Board of Directors includes a caregiver under the informal program as well as individuals who have relationships with a number of patients. We have been contacted by several interested patients who have requested confidentiality. Given privacy considerations, we are not in a position to disclose the names of those prospective patients.

NPG is also aware that existing caregivers in the informal system are reporting both an increase in queries from patients and a shortage of capacity to meet these patients' needs. Upon receiving our license NPG will continue to work with the State DHHS, the Maine Marijuana Policy Initiative and other groups to identify patients in need. Further, we will actively outreach to oncologists, hospice workers, and other health care workers to educate them about the medical benefits of cannabis and about Maine state law.

NPG is sensitive to the potential conflicts of interest caused by some doctor/dispensary relationships. It is not our practice to market ourselves commercially or to engage in co-promotion with doctors who certify patients for medical cannabis use. We do engage in educational outreach to a number of constituencies about the medical efficacy of cannabis.

In all events, we will limit our services to patients who have duly registered with and are in full compliance with the requirements of the MMMP.

NPG's surveys of patient population growth as a percentage of total state population in New Mexico, Montana, and other states that have recently implemented medical cannabis regulations and that have similar lists of qualifying conditions indicate that Maine can expect to see a sharp trajectory of increased patient numbers in the first two years of the registry program. An unknown number of patients will continue to grow their own medicine or will choose to participate in the registered caregiver program. However, the added services, variety of strains, and quality control benefits available to patients who register with dispensaries will invite many newly registering patients to choose this track. The projections included with our business plan are conservative estimates based on these assumptions.

Appendices

Appendix 1.1 Letter of Intent from Potential Lender

Appendix D.1 Letter of Intent from owners of proposed cultivation facility

Appendix D.2 Letter of Intent from Clinton Deschanes of Hermon ME

Appendix D.3 Letter of Recommendation from Senator Joseph Perry

Appendix E.1 Data Security Protocols Table of Contents

Appendix E-1.1 Dispensary Staff Training Manual Table of Contents

Appendix E-2.1 Cultivation Staff Training Manual Table of Contents

Appendix E-2.2 Letter of Reference from Bedrocan International

Appendix E-2.3 Letter of Reference from Northstone Organics

Appendix 3 Letters Related to District 5 Location

Appendix 3-3.1 Proposal for Services from Seacoast Security

To: Northeast Patients Group
From: Berkeley Patients Group
Re: Commitment Letter

COMMITMENT LETTER
June 23, 2010:

This commitment letter (the "Commitment Letter") is intended to set forth the results of discussions between the Northeast Patients Group ("NPG"), a Maine not-for-profit corporation, and the Berkeley Patients Group ("BPG"), a California corporation, relating to the financing of NPG in its efforts to establish medical cannabis dispensary facilities in the state of Maine.

We are pleased to inform you that, subject to the terms and conditions that follow, (i) BPG has approved a loan to NPG up to a maximum principal amount of $300,000, and (ii) BPG hereby agrees to use commercially reasonable efforts to assist NPG in securing additional financing for its dispensary operations up to a maximum principal amount of $1,200,000. The following sets forth the terms and conditions upon which BPG will make the loan to NPG and assist NPG in securing additional financing:

Loan Amount: Up to a maximum principal amount of $300,000 to be used for the purpose of establishing and operating dispensaries in the state of Maine.

Additional Commitments: BPG shall use commercially reasonable efforts to assist NPG in securing additional financing for establishing and operating dispensaries in the state of Maine up to the maximum principal amount of $1,200,000.

Lender: As pertains to the loan up to a maximum principal amount of $300,000, the lender shall be BPG or an affiliate, or its successors, transferees or assigns.

Loan Term: Shall be further negotiated by the parties, taking into account all relevant circumstances, including but not limited to, financial factors, operational conditions, and the factors particular to the dispensary permits obtained from the state of Maine.

Interest Rate: Shall be further negotiated by the parties, taking into account all relevant circumstances, including but not limited to, financial factors, operational conditions, and the factors particular to the dispensary permits obtained from the state of Maine.

Anticipated Funding Date: Shall be further negotiated by the parties in accordance with the financial needs of NPG.

Conditions Precedent: BPG shall have no obligation to commit any funds to NPG, nor to solicit, aid or assist NPG in securing any other financing from any other source, nor to provide any lending facilities to NPG unless and until:

(i) NPG has secured the necessary licenses, permits, and approvals to establish and operate medical cannabis dispensaries in the state of Maine, in accordance and compliance with the laws of the state of Maine,

(ii) NPG has identified available real property that is appropriate, sufficient, and adequate for the establishment and operation of medical cannabis dispensaries approved by the state of Maine and such property can be purchased, leased, or otherwise occupied at a rate that is financially feasible in light of the projected revenues arising from its intended uses, and

(iii) NPG has provided to BPG all relevant material and financial projections requested by BPG, and no material adverse change or material disruption shall have occurred from the date of this Commitment Letter that, in the sole discretion of BPG, may materially impair the repayment of any loans to NPG.

Additional Financial Terms: Shall be further negotiated by the parties, taking into account all relevant circumstances, including but not limited to, financial factors, operational conditions, and the factors particular to the dispensary permits obtained from the state of Maine.

Expiration: This Commitment Letter, and all duties and obligations of BPG stated herein, shall automatically expire upon the earlier of (i) the failure of NPG to secure the required licenses, permits and approvals to operate any dispensaries in the state of Maine or (ii) September 30, 2010.

General Terms: Notwithstanding anything contained herein to the contrary, it is agreed that this Commitment Letter is subject to the terms and conditions set forth herein and that BPG shall have no obligation to fund the loan unless all of the terms and conditions contained herein are fully satisfied as determined by BPG, in its sole discretion. Time is of the essence with respect to all dates set forth herein. This Commitment Letter shall be kept confidential, shall not be reproduced or disclosed, and shall not be used by NPG other than in connection with the transaction described herein.

Tim Schick
Director, Berkeley Patients Group

Debby Goldsberry
Director, Berkeley Patients Group

Etienne Fontan
Director, Berkeley Patients Group

Acceptance:

Name:
Title: CEO, Northeast Patients Group

DYSARTS SERVICE
P.O. BOX 1689
BANGOR, MAINE 04402-1689
(207) 942-4878 • FAX (207) 947-3559

Becky Dekeuster, Executive Director
Northeast Patients Group
45 Memorial Circle
Augusta, ME 04330

RE: Letter of Intent to Lease Facility to Northeast Patients Group for Use for Marijuana Cultivation at 601 Coldbrook Road in Hermon, Maine

Dear Becky:

This constitutes a Letter of Intent ("LOI") confirming that Dysart's ("Landlord") is prepared to enter into a lease (the "Facility Lease") of not less than one year to Northeast Patients Group ("NPG"), of the land and building located at 601 Coldbrook Road in Hermon, Maine (the "Facility Premises"). The Facility Lease will permit NPG to operate a site for growing and cultivating marijuana at the Facility Premises under the regulations and policies of Maine Medical Marijuana Program ("MMMP"), as administered by the Maine Department of Health and Human Services ("DHHS").

On behalf of Landlord, I am duly authorized and hereby certify the Facility Premises are owned by the following legal persons (businesses and individuals) Dysarts Service, Inc. I have attached a schedule setting forth each legal person that owns at least 5% of the Facility Premises, with detail regarding their ownership interest in the land and building respectively.

Landlord and NPG have worked out mutually agreeable economic terms by which Landlord will lease the Facility Premises to NPG, assuming that NPG is successful in obtaining authorization to operate a medical marijuana dispensary by the Maine DHHS.

and the Facility Premises are further approved for growing marijuana. Landlord's business arrangement with NPG is solely as Landlord and Landlord does not have any ownership interest in the proposed dispensary or marijuana growing operation. Landlord's economic benefit from the operation of the dispensary and the marijuana growing operation will be from monthly rental payments.

It is our understanding that applications to DHHS seeking approval of 8 marijuana dispensaries are due June 25, 2010, and DHHS will make a decision by July 9, 2010. If NPG's application for utilizing the Facility Premises to grow marijuana is approved by DHHS, Landlord and NPG will work diligently to conclude the drafting and finalization of a mutually acceptable Facility Lease as soon as practicable thereafter. Accordingly, this Letter of Intent is valid through and including July 31, 2010, unless extended by mutual written agreement. This Letter of Intent is void should DHHS determine not to select the Facility Premises as an approved site for growing marijuana.

Landlord further confirms that the Facility Premises are not within 500 feet of a preexisting public or private school boundary, and is otherwise in compliance with all local codes and ordinances. Landlord will work cooperatively with NPG and local authorities with respect to the securing of any and all local permits and approvals that may be necessary to grow marijuana at the Facility Premises consistent with the requirements of the DHHS regulations.

Sincerely,

Tim Dysart

VP, Dysarts Service

SEEN AND AGREED TO
Northeast Patients Group

By: _____
Becky Dekeuster
Executive Director

Schedule of ownership of Dysarts Warehouse
Hermon, Maine

Dysarts Warehouse is owned by Dysarts Service, a corporation. Dysarts Service owns the warehouse building and land. The individuals listed below are the shareholders of Dysarts Service, with their percentage of ownership noted.

Edward R. Dysart, Hampden, Maine 54%

D. Timothy Dysart, Newburgh, Maine 25%

Mary Dysart Hartt , Dixmont, Maine 21%

DYSARTS SERVICE
P.O. BOX 1689
BANGOR, MAINE 04402-1689
(207) 942-4878 • FAX (207) 947-3559

Becky Dekeuster, Executive Director
Northeast Patients Group
45 Memorial Circle
Augusta, ME 04330

June, 18, 2010

RE: Commitment to Provide Debt Financing for Dispensary at Coldbrook Road in Hermon and Other Locations

Dear Becky:

I wanted to supplement my Letter of Intent ("LOI") confirming that Dysart's will lease certain property at 601 Coldbrook Road in Hermon to Northeast Patients Group ("NPG"), and that Dysart's is prepared to build Facility Premises conforming to all applicable regulations and local code requirements.

In addition, I now confirm Dysart's commitment and willingness to work with NPG with respect to lease and construction arrangements for Facility Premises at other locations in the State where NPG is filing applications with the Maine Department of Health and Human Services ("DHHS"). We understand you are filing applications at several locations throughout the State.

Dysart's would be willing to acquire land by lease or purchase and to construct or renovate suitable Facility premises at its own expense and then lease these premises to NPG, taking the same general approach that is set forth in our LOI regarding the proposed Hermon dispensary. Assuming that NPG is selected for one or more of these facilities, we would work

diligently with you to reach final terms at appropriate market rates on an expedited basis that would permit you to meet the scheduled opening set forth in your applications to DHHS.

As Landlord at each of these locations, Dysart's understands that it will have no direct or indirect authority over the management or policies of any dispensary and will derive no economic benefit from the operation of the dispensary and the marijuana growing operation other than an indirect benefit it may receive in the form of monthly rental payments.

You are authorized to provide this letter to DHHS as part of your application. I would be happy to respond to any further questions you or DHHS may have.

Sincerely,

T. Dysart

Tim Dysart

VP, Dysarts Service

PO Box 6300, Hermon, ME 04402-6300

June 23, 2010

Becky DeKeuster
Executive Director
Northeast Patients Group
45 Memorial Circle, 4th Floor
Augusta, ME 04330

Dear Ms. DeKeuster:

Thank you and your colleague Mr. Hawes for discussing your business model and your plan to apply to the Maine Department of Health and Human Services to operate medical marijuana dispensaries and cultivation sites in accordance with the Maine Medical Use of Marijuana Program. I am aware that Northeast Patients Group has an agreement with Tim Dysart et al to open a secured 30,000 square foot cultivation site in their existing warehouse facility, should you be granted the license for DHHS District 6.

Based on our discussions, I am confident that your group is uniquely qualified to operate a cultivation site. Please contact me at your earliest convenience to continue our discussion of your proposal and to review feedback from our Planning Board about this project. We look forward to working with you and wish you the best in your application process.

Sincerely,

Clinton Deschene
Town Manager

(207) 848-3485 (207) 848-3316 (fax)
http//www.hermon.net

124th Legislature
Senate of Maine
Senate District 32

Appendix D.3

Senator Joseph C. Perry
Taxation Committee, Chair
Transportation Committee, Member
3 State House Station
Augusta, ME 04333-0003
(207) 287-1515

237 Grove Street
Bangor, ME 04401
Home (207) 942-5585
Cell (207) 659-5295

June 23, 2010

Maine Department of Health and Human Services
Division of Licensing and Regulatory Services
41 Anthony Ave.
11 State House Station
Augusta, ME 04333-0011

Re: Recommendation for Northeast Patients Group Application for a Medical Marijuana Dispensary in DHHS District 6

To Whom It May Concern:

I write this letter in strong support of the efforts of the Northeast Patients Group to successfully apply to DHHS to be able to register a medical marijuana dispensary and cultivation operation in DHHS District 6. My Senate District, which includes Bangor and Hermon, would be the most logical location. I believe that the greater Bangor area is the appropriate place to locate the first dispensary for District 6, as it is the population and service center for the entire region and will provide great access to patients who need this medicine.

Northeast Patients Group will employ, as head of the growing operations, Matt Hawes. I have been close to his family through the years, as we operated businesses in close proximity here in Bangor.

I will attest to Matt's high integrity, passion, and knowledge of medical marijuana cultivation techniques. Any business which is affiliated with Matt Hawes will be an asset to the community.

I expect Bangor to complete their zoning ordinance by the end of the summer that will allow a dispensary in a number of locations throughout Bangor. In the meantime, I understand that Northeast Patients Group has identified a location in Hermon where they plan to cultivate medical marijuana pending Department and local approvals. I fully support the efforts of the Northeast Patients Group to set up operations in either or both communities in my Senate District.

Please highly consider the Northeast Patients Group application for DHHS District 6.

Sincerely,

Joe Perry

Sen. Joseph Perry

NPG Data Security Policy

TABLE OF CONTENTS

1.0 POLICY STATEMENT

NPG is committed to providing an established level of security to its enterprise assets, including its service offerings. This policy institutes the framework for implementation and maintenance of confidentiality, integrity and availability measures for property, information and information system assets.

NPG's investment in security will ensure privacy protection and information system safeguards which are based upon an evaluation of NPG information sensitivity requirements and the assurance required for secure service offerings.
Not all users, customers and partners will demand the same level of security.
NPG will therefore develop and implement a balanced security program with safeguards that will meet the needs of most customers, partnership obligations, and all legislative and regulatory requirements.

NORTHEAST PATIENTS GROUP

TRAINING GUIDE FOR DISPENSARY STAFF - TABLE OF CONTENTS

Northeast Patients Group
Cultivation Staff Training Manual

Purpose

1. To ensure Cultivation Staff understand how to properly grow cannabis using replicable techniques so that patients have access to consistent, safe and effective medical cannabis.

Contents

1. Maintaining a clean, safe facility
    - Staffing and access
    - Safety and sanitation (incl. OSHA compliance standards)
    - Emergency plans
2. Cultivation Staff Dress Code
    - Protective gear
    - Sanitary measures
3. Atmospheric Controls
    - Ventilation and air quality
    - Nutrients
    - Temperature standards
    - Humidity standards
    - Daily tracking standards
4. Training
    - Identification, recording and removal of contaminants, pests and other issues (such as overwatering)
    - Identification, recording and remedy of nutrient and environmental problems
    - Equipment usage
5. Preventative measures
6. Treatment
    - For White Powdery Mildew (WPM) and other bacterial infections: Use a bacillus biofungicide such as Serenade. If contamination is beyond control, remove plant(s).
    - For pests: Remove larger pests by hand. Use a neem spray or organic insecticidal soap on the plant. If contamination is beyond control, remove plant(s).
    - For mold and rot: Remove affected area.
    - All treatments shall be performed according to manufacturer and OSHA standards.
7. Procedures for Harvest, Curing, Processing, Packaging
    - Sanitation
    - Temperature, Light, Humidity Controls
8. Inventory Control System

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June 23, 2010

Department of Health and Human Services
Division of Licensing and Regulatory Services
Attn: Open Application for Dispensary Services
41 Anthony Ave.
State House Station #11
Augusta, ME 04333-0011

Jeffrey M. Masonek
Vice President and General Counsel
Bedrocan International, Inc.
34 Executive Park, Suite 270
Irvine, CA 92614
949.797.6281
jmasonek@BedrocanInternational.com

To Whom It May Concern:

Since 2003, Bedrocan has been licensed by the Dutch Health Ministry as the sole provider of pharmaceutical grade cannabis varieties for patients in accordance with all national and international laws and treaty obligations. We are the only provider of pharmaceutical (research) grade cannabis in Europe, which we produce in compliance with national medicinal cannabis programs in four European countries (Italy, Finland, the Netherlands, and Germany). Distributed by the Ministry's Office of Medicinal Cannabis, our products are manufactured in accordance with Good Agricultural Practices (GAP) and adhere to World Health Organization (WHO) standards for the production of botanical drugs. Bedrocan® is the global gold-standard in producing pharmaceutical-grade cannabis.

In 2010, Bedrocan International, Inc. was formed to bring our knowledge and expertise as controlled substance manufacturers of pharmaceutical grade cannabis to governments around the world. In the United States, Bedrocan International, Inc. is committed to working with all levels of government to develop legal and regulatory solutions for the production and distribution of quality controlled, pharmaceutical grade cannabis products in accordance with state and federal policy.

Bedrocan recognizes Berkeley Patients Group (BPG) as a respected industry leader in medical cannabis dispensaries in California. We have opened discussions with principles at BPG with the

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intention of assisting them in the production of highly standardized and quality controlled medicinal cannabis. We understand that Northeast Patients Group (NPG) intends to follow the business model and philosophy that have made BPG successful for the past ten years. Should NPG be granted a license to operate a dispensary in Maine, Bedrocan would pursue a long term consulting relationship with NPG that would benefit both the State of Maine and Maine patients.

Sincerely,

Jeffrey M. Masonek
Bedrocan International, Inc.

34 Executive Park, Suite 270 | Irvine, CA 92614 U.S.A. | www.bedrocaninternational.com | T. (949) 797-6283 | F. (949) 797-6290

June 18, 2010

To whom it may concern.

On behalf of Matthew Hawes and the Northeast Patient's Group, with respect to their application for a cultivation permit through the Health Department of the State of Maine, we would like to offer our reference and support.

I am a Maine native, born and raised in the Greater Bangor Area. My father was a small businessman in Brewer, Maine that ran a successful automotive repair business (Auto Technician). Matthew Hawes and I have known each other since kindergarten and have been very close friends and business associates throughout our lives. I am also great friends with Timothy Schick who I have known for about 20 years, who is a Director at Berkeley Patients Group, and who has helped foster the progress of Northeast Patients Group.

Being that we are all homegrown Mainers and witness the healing properties of medical cannabis in our daily lives and work, we have a great interest in seeing Maine's medical cannabis program lift off with the best intentions and resources in place.

I came into the medical cannabis movement and industry in the late 90's through college activism which led me to Berkeley and Oakland to enter the medical cannabis world as a cultivator. I have spent many years working with Matt and Tim developing tried and true cultivation techniques that can be offered to ensure medicinal grade cannabis is available to patients in the state of Maine.

I have an extensive background in organic and sustainable farming practices of medical cannabis and I am currently the Executive Director of California's first farm-direct medical cannabis cooperative and have worked closely with the elected officials in Mendocino County to develop and integrate regulations for medical cannabis production. There is more info available about myself and our organization on our "about" page at northstoneorganics.com and here is a short video done by the California Report last month previewing our service (http://www.youtube.com/watch?v=umYMA4wseGU).

I am available to consult Matt and Northeast Patient's Group to attain their goals in organic medical cannabis production. With the combined skills of Matt, Tim, Northeast Patients and our organic consulting, I feel Northeast Patients group is well suited to meet the needs of Maine patients seeking organic medical cannabis.

It is exciting to see Maine be on the forefront of medical cannabis on the East Coast. I commend you on your compassionate and progressive work.

Feel free to call me if you have any questions.

Sincerely,

Matthew Cohen
Executive Director

759 S. State St. #72 Ukiah, CA 95482 • 707-485-8814 • NorthstoneOrganics@gmail.com • www.NorthstoneOrganics.com

Becky Dekeuster, Executive Director
Northeast Patients Group
45 Memorial Circle
Augusta, ME 04330

June 24, 2010

RE: Letter of Intent to Lease Facility to Northeast Patients Group for Use as Marijuana Dispensary at 10 Middle Road, Augusta, Maine

Dear Becky:

This constitutes a Letter of Intent ("LOI") confirming that Harper's II, LLC ("Landlord") will enter into a lease (the "Facility Lease") of not less than one year to Northeast Patients Group ("NPG"), of the land and building located at 10 Middle Road, in Augusta, Maine (the "Facility Premises"). The Facility Lease will permit NPG to operate a dispensary for distributing medical marijuana at the Facility Premises under the regulations and policies of Maine Medical Marijuana Program ("MMMP"), as administered by the Maine Department of Health and Human Services ("DHHS").

On behalf of Landlord, I am duly authorized and hereby certify the Facility Premises are owned by the following legal persons (businesses and individuals) Harper's II, LLC. I have attached a schedule setting forth each legal person that owns at least 5% of the Facility Premises, with detail regarding their ownership interest in the land and building respectively.

Landlord and NPG have worked out mutually agreeable economic terms by which Landlord will lease the Facility Premises to NPG, assuming that NPG is successful in obtaining authorization to operate a medical marijuana dispensary by the Maine DHHS, and the Facility Premises are further approved for growing marijuana. Landlord's business arrangement with NPG is solely as Landlord and Landlord does not have any ownership interest in the proposed dispensary or marijuana growing operation. Landlord understands that it will have no direct or indirect authority over the management or policies of any dispensary and will derive no economic benefit from the operation of the dispensary and the marijuana growing operation other than an indirect benefit it may receive in the form of monthly rental payments.

It is our understanding that applications to DHHS seeking approval of 8 marijuana dispensaries are due June 25, 2010, and DHHS will make a decision by July 9, 2010. If NPG's application for utilizing the Facility Premises to grow marijuana is approved by DHHS, Landlord and NPG will work diligently to conclude the drafting and finalization of a mutually acceptable Facility Lease as soon as practicable thereafter. Accordingly, this Letter of Intent is valid through and including July 31, 2010, unless extended by mutual written agreement. This Letter of Intent is void should DHHS determine not to select the Facility Premises as an approved site for growing marijuana.

Landlord further confirms that the Facility Premises are not within 500 feet of a preexisting public or private school boundary, and is otherwise in compliance with all local codes and ordinances. Landlord will work cooperatively with NPG and local authorities with respect to the securing of any and all local permits and approvals that may be necessary to dispense medical marijuana at the Facility Premises consistent with

June 23, 2010

Mr. Daniel W. Walker, Esq.
Preti, Flaherty, Beliveau and Pachios, LLP
45 Memorial Circle
Augusta, ME 04333

RE: Confirmation of Proper Zone for a Registered Dispensary of Medical Marijuana in the City of Waterville

Dear Dan,

You asked me to confirm, on behalf of the Northeast Patients Group (NPG), that a registered dispensary for medical marijuana would be a permitted use in a building formerly occupied by KFC at 13 Water Street. That property is located in the Commercial C zone. I have conferred with the Waterville City Solicitor, and he assures me that the Commercial C zone is entirely appropriate for consideration for a registered dispensary.

If Northeast Patients Group is fortunate enough to be awarded the District 5 dispensary, we will work closely with NPG to permit the dispensary at 13 Water Street or in a location that will work best for the region's patients.

Please feel free to call me if you have any further questions.

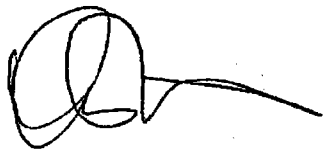
Sincerely,

Ann G. Beverage
City Planner, City of Waterville

cc: Becky DeKeuster, Northeast Patients Group

the requirements of the DHHS regulations.

Sincerely,



Kevin Mattson

On behalf of Harper's II, LLC

SEEN AND AGREED TO
Northeast Patients Group

By: Rebecca (Becky) Dekeuster
Becky Dekeuster
Executive Director

HARPER'S II, LLC

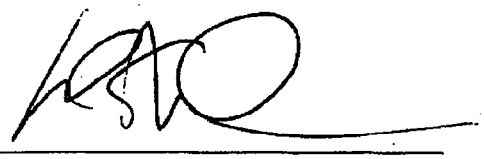
Certificate of Registered Agent

I, **Michael L. Sheehan**, being the duly authorized and appointed Registered Agent of **HARPER'S II, LLC**, a Maine limited liability company [the "Company"] hereby certify as follows:

The Members named below are Members of the Company:

NAME	PERCENTAGE OWNED
Emmett S. Beliveau, not individually, but a Trustee of the Severin M. Beliveau Irrevocable Trust	25%
Kevin J. Mattson	25%
John C. Orestis	25%
Spicewood Family Partners, Ltd.	25%

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal as of the 24th day of June, 2010.



Michael L. Sheehan
Registered Agent

June 18 2010

Seacoast Security
32 Lexington Drive Suite 1
Hermon ME 04401

Northeast Patients Group
Retail and Warehouse Proposals
Hermon ME 04401
Attn: Matthew Hawes

Dear Matthew,

I have assembled the quotes for the proposed retail and warehouse spaces. The fire and security quotes adhere to NFPA72 fire code and current Maine pharmaceutical codes where controlled substances are stored and dispensed. In designing the systems we took into account the sensitive nature of the proposed facilities and stepped up a number of our recommendations and redundancies.

The access control systems are also designed with thought and attention to the controlled areas and sensitive requirements of the proposed facilities and the nature of the product to be stored and dispensed.

The CCTV system is designed to exceed the current State standard for video surveillance requirements for pharmaceutical storage and dispensing sights. Each DVR will be capable of storing over 45 days of video coverage, with special attention to specific cameras which will be set to record constantly per regulations. The processed frame rate per each channel also exceeds the current State standard and will deliver a full 30FPS per channel. Each location will also permit secured remote viewing via internet connection with administrator password protections.

We are very experienced in designing, implementing and servicing secure systems for numerous facilities statewide that store and dispense sensitive and controlled medications. Our UL Listed Central Monitoring Station is the ONLY such facility in the State of Maine. We never subcontract services and have a solid crew of 8 full time, certified technicians in our Hermon branch. We have a Technician on call 24hrs a day out of the same location.

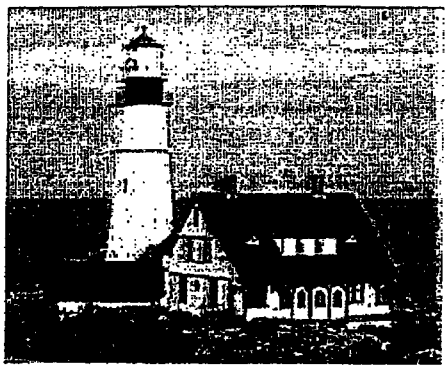
I look forward to assisting you with this exciting project. If I can answer any further questions or provide you with any further documentation of information please don't hesitate to contact me.

Sincerely,

Matthew Brady
Commercial Sales Representative
Seacoast Security
32 Lexington Drive
Hermon ME 04401
1-800-287-0426 or 1-207-949-1254

Seacoast Security

32 Lexington Dr Suite #1
Hermon, Me 04401
Local: (207) 848-1005
Toll Free: (800) 287-0426
Fax: (207) 848-1008



Retail Space Proposal
Northeast Patients Group
Matthew Hawes
Phone: 1-707-599-0610
mhawesinbox@gmail.com
jacques@opuscg.com

Fire and Burglary System
5000 sq ft
Estimate Standard Configuration

Sales Quote

Project:

Questions? Please call

Quote #: BMB004915 **Date** 6/17/2010 **Quote Expires on:** 7/17/2010

Description	Qty
Control Panel	
Addressable Commercial Fire and Burglary Alarm Panel with Battery Backup	1
Keypad	
Commercial Fire Annunciator	1
Commercial Burglary Keypad	1
Cellular Communicator	
Commercial Fire Cellular/Internet Communicator	1
Communication Package	1
Wireless Receiver	
UL Listed Commercial Wireless Communicator	1
Smoke Detectors (Or Heat Detectors)	
Addressable Smoke Detector with Thermal or Equivalent Heat Detector	8
Horn Strobes	
Standard Wall Mount Horn Strobe	5
Fire Pull Stations	
Dual Action Fire Alarm Pull Station	4
Panic Pull Stations	
Dual Action Panic Station	3
Personal Panic Pendants	
Personal Panic Pendants	8
Motion Detectors	
Addressable Motion Detectors	6
Man Door Contacts	
Addressable Recessed Man Door Contact	5
Interior Burglary Sirens	
120dB Flush Mount Burglary Sirens	1
Exterior Burglary Strobe	
Exterior Blue Burglary Strobe	1

I accept the terms and conditions of this quotation.
Signed:_____
Name:_____ Date: _____
Terms: 1 / 2 down 30 day on completion Visa/MC accepted.
NOTE:This Quote is Confidential and May Not Be Shared in anyway

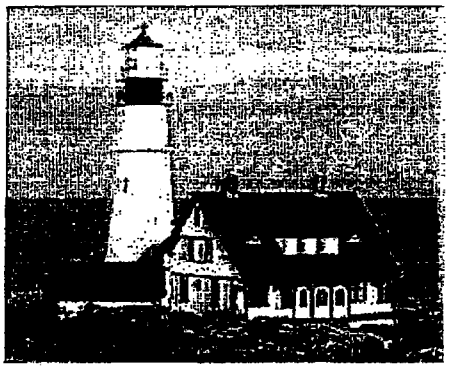
Sub-Total	$3,699.00
LABOR	$2,880.00
Tax	$184.95
Total	**$6,763.95**

Thank you for considering our company. If you decide not to buy from us, we would appreciate your feedback so that we can serve you better in the future!

For your protection . .
We recommend surge suppressors, for every system.

Seacoast Security

32 Lexington Dr Suite #1
Hermon, Me 04401
Local: (207) 848-1005
Toll Free: (800) 287-0426
Fax: (207) 848-1008



Warehouse Proposal
Northeast Patients Group
Matthew Hawes
Phone: 1-707-599-0610
mhawesinbox@gmail.com
jacques@opuscg.com

Fire and Burglary System
30,000 sq ft
Estimate with 20FT Ceiling

Sales Quote

Project:

Questions? Please call

Quote #: BMB004912 **Date** 6/17/2010 **Quote Expires on:** 7/17/2010

Description	Qty
Control Panel	
Addressable Commercial Fire and Burglary Alarm Panel with Battery Backup	1
Keypad	
Commercial Fire Annunciator	1
Commercial Burglary Keypad	1
Cellular Communicator	
Commercial Fire Cellular/Internet Communicator	1
Communication Package	1
Wireless Receiver	
UL Listed Commercial Wireless Communicator	1
Smoke Detectors (Or Heat Detectors)	
Addressable Smoke Detector or Heat Detector	20
Horn Strobes	
Standard Wall Mount Horn Strobe	10
Exterior Fire Horn Strobe	
Exterior Wall Mount Fire Horn Strobe	2
Fire Pull Stations	
Dual Action Fire Alarm Pull Station	6
Panic Pull Stations	
Dual Action Panic Station	4
Personal Panic Pendants	
Personal Panic Pendants	4
Motion Detectors	
Addressable Motion Detectors	10
Man Door and Overhead Door Contacts	
Addressable Man Door Contacts with Armored Housing	10
Interior and Exterior Burglary Sirens	
120dB Flush Mount Burglary Sirens	4

I accept the terms and conditions of this quotation.

Signed:_____

Name:_____ Date: _____

Terms: 1 / 2 down 30 day on completion Visa/MC accepted.

NOTE:This Quote is Confidential and May Not Be Shared in anyway

Sub-Total	$5,495.00
LABOR	$4,800.00
Tax	$274.75
Total	**$10,569.75**

Thank you for considering our company. If you decide not to buy from us, we would appreciate your feedback so that we can serve you better in the future!

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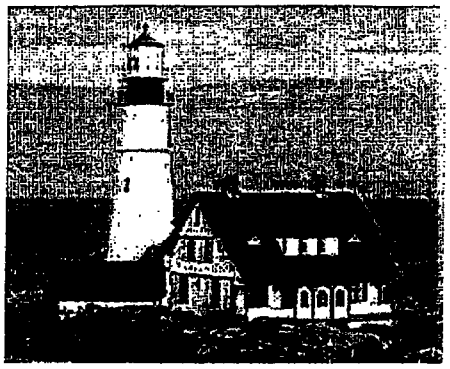
We recommend surge suppressors, for every system.

Seacoast Security

32 Lexington Dr Suite #1
Hermon, Me 04401
Local: (207) 848-1005
Toll Free: (800) 287-0426
Fax: (207) 848-1008



Warehouse Proposal
Northeast Patients Group
Matthew Hawes
Phone: 1-707-599-0610
mhawesinbox@gmail.com
jacques@opuscg.com

Warehouse CCTV Estimate

Sales Quote

Project:

Questions? Please call

Quote #: BMB004919 **Date** 6/17/2010 **Quote Expires on:** 7/17/2010

Description	Qty
DVR	
16 Channel Digital Video Recorder, 480/FPS, 480/REC, 3 TB HDD, DVD-RW and Remote Viewing Software	1
Power Supply	
16 Output CCTV Power Supply	1
Monitor	
19" LCD Flatscreen Monitor	1
Cameras	
High Resolution 560TVL Armored Camera with Infrared 2.8MM - 12MM Lense	16
Mounting Accessories	
All Weather Camera Back Boxes	16
Siamese CCTV Cable 500' Boxed	4
*** ***Networked DVR with Internet Viewing Capability*** ***	

I accept the terms and conditions of this quotation.

Signed:_____

Name:_____ Date: _____

Terms: 1 / 2 down 30 day on completion Visa/MC accepted.

NOTE:This Quote is Confidential and May Not Be Shared in anyway

Sub-Total	$9,900.00
LABOR	$2,880.00
Tax	$495.00
Total	**$13,275.00**

Thank you for considering our company. If you decide not to buy from us, we would appreciate your feedback so that we can serve you better in the future!

For your protection . .
We recommend surge suppressors, for every system.

Seacoast Security

32 Lexington Dr Suite #1
Hermon, Me 04401
Local: (207) 848-1005
Toll Free: (800) 287-0426
Fax: (207) 848-1008

Retail Space Proposal
Northeast Patients Group
Matthew Hawes
Phone: 1-707-599-0610
mhawesinbox@gmail.com
jacques@opuscg.com

Retail Space Access Control System
Estimate
Software Included With Warehouse Quote

Sales Quote

Project:

Questions? Please call

Quote #: BMB004917 **Date** 6/17/2010 **Quote Expires on:** 7/17/2010

Description	Qty
Access Control Panel	
Access Control Panel for up to 4 Doors	1
Access Control Communicator	
Access Control Network Communicator	1
Proximity Card Readers	
Access Control Door Proximity Reader	4
Electric Door Strikes	
Electric Door Strike for Man Door	4
HID Proximity Fobs	
50 HID Proximity Keyfob Badges	1
Power Supply	
24V OR 28VAC 100VA Transformer with Enclosure	1
(6-24V 4.0A) Access Control Power Supply	1
16.5V 40VA Transformers	2
12V 7AMP Battery	2

I accept the terms and conditions of this quotation.

Signed:_____

Name:_____ Date: _____

Terms: 1 / 2 down 30 day on completion Visa/MC accepted.

NOTE:This Quote is Confidential and May Not Be Shared in anyway

Sub-Total	$5,642.00
LABOR	$1,920.00
Tax	$282.10
Total	**$7,844.10**

Thank you for considering our company. If you decide not to buy from us, we would appreciate your feedback so that we can serve you better in the future!

For your protection . .
We recommend surge suppressors, for every system.